

Integrated Quality and Performance Report

Month of Publication May 2025

Data up to March 2025

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Key to KPI Variation and Assurance Icons

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target for at least Six Months	Inconsistent Passing and Falling Short of Target	Falling Short of Target for at least Six Months	Consistently Falling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to Higher or Lower Values		Common Cause Variation - No Significant	Special Cause of Concerning Variation due to Higher or Lower Values	

Escalation Rules: SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see page at the end for detailed description.

Further Reading / Other Resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies – these can be accessed via the following link:

[NHS England » Making data count](#)

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Scorecards Explained

Type of Metric; either Breakthrough Objective, Corporate Project or Constitutional Standard/Key Metric.

Name of Metric/KPI.

The most recent data period - this will be the last complete month for the majority, but some metrics are reported one or more

The target, where applicable, for the most recent month. This may be the national target or internal target / planned trajectory.

This icon indicates the assurance for this metric (see above key for summary or see Appendix for full detail).

Response taken based on the Metric Type and the Assurance and Variation Icon for the latest month (see Appendix for full detail). Action is either Note Performance, Escalation Summary, Counter Measure Summary or Highlight

Metric Type	CQC Domain	Experience of Care Metric	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Constitutional Standards and Key Metrics	Caring	Monthly Inpatient Survey - Standard of Care	Sep 24	93.2%	94.1%	90.1%	F	C	Escalation Summary











The CQC Domain the indicator is covered by. See CQC Website for more information: [The five key questions we ask - Care Quality](#)

The actual performance for the most recent month.

The actual performance for the previous month.

This icon indicates the variance for this metric (see above key or see Appendix for full detail).

Business Rules and Actions

Assurance					Variation					
					No icon					
Consistently P assing Target	Meeting or P assing Target for at least Six Months	Inconsistent P assing and F alling Short of Target	F alling Short of Target for at least Six Months	Consistently F alling Short of Target	No Assurance Icon as No Specified Target	Special Cause of Improving Variation due to H igher or L ower Values	C ommon Cause Variation - No Significant	Special Cause of Concerning Variation due to H igher or L ower Values		

SPC charts for metrics are only included in the IQPR where the combination of icons for that metric has triggered a Business Rule – see page at end for detailed description.

Metrics that fall into the **blue categories** above will be labelled as **Note Performance**. The SPC charts and accompanying narrative will not be included in this iteration.

Metrics that fall into the **orange categories** above will be labelled as **Escalation Summary** and an SPC chart and accompanying narrative provided

Executive Summary – Group Update

Responsive

Urgent Care

ED 4-hour performance improved during March despite challenging circumstances at both Trusts, with UHBW reporting 75.4% for all attendance types (71.4% in February and 74.3% for full-year, 2024/25) and NBT reporting 69.5% with footprint uplift. A combination of increasing demand, high bed occupancy, continued high levels of NCTR and rising numbers of patients with infectious disease creating a challenging clinical, operational and performance environment. Thus, impacting on 12-hour total time in the Emergency Department and ambulance handover metrics.

The System ambition to reduce the NC2R percentage to 15% remains unachieved. This ambition was central to the Trusts being able to deliver the 78% ED 4-hour performance requirement for March 2025. As yet, there is no evidence this ambition will be realised. However, the refreshed ICS discharge programme is underway and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners. In the meantime, internal hospital flow plans continue to be developed and implemented across all sites.

Elective Care

In line with national ambitions, no patient was waiting longer than 65 weeks for treatment by the end of March in either Trust, with significant improvement noted across the year. Sustainable recovery is anticipated into 2025/26, noting the continued challenge with national supply of cornea graft material potentially impacting the UHBW position in year.

At UHBW, 52-week waits have reduced further to 603 (1.1%) at the end of 2024/25, against an Operational Planning trajectory of 862 (a reduction of c5,000 in the last 18 months). At NBT, having reached the milestone of reducing 52-week waits to below 1,000 in September, there has been another significant reduction during March, taking the position under 150. Both Trusts have set the ambition that less than 1% of the total waiting list will be waiting 52 weeks by the end of March 2026. In summary, full delivery of the 2024/25 Elective Care standards

Diagnostics

For the seventh consecutive month, NBT's diagnostic performance has achieved the national constitutional standard – going beyond the target of no more than 5% breaching six-week waits. The actual breach rate in March was less than 1%. The Trust also remains compliant with the maximum 13-week wait with no patients waiting beyond 13-weeks.

Whilst UHBW saw a reduction in waiting list size during March, the Trust continues to experience challenges recovering the position against our aggregate 95% ambition. Suffice to say, targeted diagnostic recovery plans are in place and forecast to deliver incremental improvement through Q1. Whilst no national performance standard expectation was set in the 2025/26 Operational Plan, the organisation aims to recover 95% and sustain thereafter.

Cancer Wait Time Standards

During February, UHBW remains compliant with the FDS-28-Day standard and continues to deliver the 31-Day and 62-Day standards. Sustained delivery against all cancer standards is forecast for March / year end 2024/25, and into Q1 2025/26.

At NBT, the Trust continues to be compliant with the FDS-28-Day standard. For the 62-Day Combined position, the Trust has also reported improvements since September 2024 but deteriorated in January and February 2025, as anticipated. The work previously undertaken has been around improving systems and processes, and maximising performance in the high-volume tumor sites. To achieve the overall 62-Day breach standard in 2025/26, NBT will now focus on improvements in some of the most challenging pathways/backlogs - including the high volume and high-complexity Urology pathway (in particular, robotic prostatectomy). It is anticipated that March-25 performance will be an improvement on the previous month.

Executive Summary – Group Update

Quality, Safety and Effectiveness Patient Experience

Patient Safety & Clinical Effectiveness

UHBW had no new cases of MRSA in March 2025, and finished 2024/25 with a total of seven cases. MRSA quality improvement work in UHBW is focussing on line care and working with our community partners on reducing risk of MRSA for people who inject drugs as a result of learning from a thematic analysis.

Both Trusts exceeded their respective nationally set 2024/25 trajectories for Clostridium Difficile cases on a background of a regional and national increase in C. Diff. The UK Health Security Agency (UKHSA) has triggered a national incident to increase scrutiny of the national increase. No specific themes have yet emerged, but this may inform a national response. At UHBW, the limited number of cubicles for isolating patients particularly in Weston General Hospital and the Children's Hospital will continue to require dynamic risk-based decision making on patient isolation. Also, quality improvement work continues e.g. improvements in screening for C. Diff, isolating patients who have diarrhoea and clinical equipment cleaning standards.

At UHBW, the rate of falls remains below locally set target of 4.8 falls per 1,000 beddays, although there were three falls with moderate or higher harm, above the locally set target of two. Details of improvement work underway is provided in the subsequent patient safety section of this report. NBT's falls rate decreased in March but within the normal statistical range, with continued improvement focus.

VTE risk assessment compliance at UHBW remains fairly static. The new digital prescribing and medicines administration system (CMM) is due to launch in 2025/26 across both organisations, which is anticipated to significantly increase compliance with the risk assessment completion. A joint VTE working group for both Trusts has been set up to align reporting and processes across both organisations. In UHBW, assurance audits confirm prescribing of VTE prophylaxis is consistently between 90 and 95% and our Hospital Associated VTE's remain at a level in line with national reports.

Both Trusts have identified improving medicines safety as a priority in their current Patient Safety Incident Response Plans and are implementing CMM to help reduce risks in some processes for prescribing and medicines administration. A new joint Hospital Group Medication Safety Officer role is supporting aligned reporting, learning and improvement in response to medication safety incidents working with colleagues across BNSSG ICS. This includes opportunities to share learning via a Medicines Safety Bulletin.

The opening of the elective care centre at Southmead will support UHBW in improving time to theatre for patients with fractured neck of femur, by enabling a significant reduction in ambulatory trauma patients currently being operated on at the Bristol Royal infirmary (BRI) to receive surgery in the new elective care centre. This will facilitate more timely theatre capacity for in-patient trauma in the BRI, the majority of which comprises patients with femoral fragility fractures. Group engagement with the CQC has been undertaken over recent months and the NBT CQC's NBT relationship team visited the centre (for awareness) as part of their quarterly engagement session on 2nd April.

The Summary Hospital Mortality Indicator (SHMI) for both Trusts continues to show special cause improving variation and our Group-wide Mortality Improvement Programme is enhancing our links with Medical Examiner Scrutiny, deepening our insights into our mortality and morbidity surveillance data and supporting speciality led quality improvement initiatives.

Patient & Carer Experience

Both Trusts have been collaborating to align complaints processes and reporting. From 1st April 2025 UHBW has adopted NBT's taxonomy of complaints, so that formal complaints will subsequently be known as 'complaints', whilst informal complaints will become PALS concerns. These changes will be seen in the June IQPR, reporting April data. This is one of a range of 'convergence' workstreams within Patient & Carer Experience as we determine and apply best practice across the group. In UHBW timeliness of formal complaints responses remains below the 90% target at 52.8%. The detailed complaints section outlines several contributory factors which are impacting long term performance. For NBT performance slightly improved to 80% in March and requires continued focus to drive sustainable improvement..

Executive Summary – Group Update

Our People Finance

Our People

Turnover at NBT is 11.3% in March, remaining below the NBT target of 11.9% for 2024/25, NBT target for 2025/26 in the Long-Term Retention Plan is 11.3% or below and will be the target used to monitor against in 2025/26. For UHBW, turnover reduced to 10.4% in March against a target of 12% and compared to 10.8% in the previous month.

The UHBW vacancy rate has reduced to 3.0% in March (3.3% in February) and the vacancy rate for NBT decreased to 5.3% for March from 5.6% the previous month.

NBT agency spend is 1.4% of total pay spend in March, slightly up on February but remains significantly below the target of 3.2% and is anticipated to reduce further as we continue to focus on temporary staffing use and spend through the Resourcing and Temporary Staffing Oversight group in 2025/26. The UHBW agency rate has increased slightly to 0.7% (from 0.6% in the previous month) against a target of 1.0% maximum and remains a priority focus area as reflected in the UHBW Patient First Corporate Projects, with increased focus on reducing medical usage.

Sickness absence rate at UHBW has reduced to 4.1% against the 4.9% target and compared to 4.4% in the previous month. For NBT, sickness remains at 4.6% which is above the target of 4.4%. This target will remain in place for 2025/26.

Essential training compliance is >90% at both Trusts.

Finance

In Month 12 (March) both Trusts have delivered a surplus against their plans. NBT delivered a £1.8m surplus, which is £1.0m better than plan. UHBW delivered a £2.5m surplus against the plan of break-even. Year-to-date (YTD), the NBT position is a break-even position against a break-even plan. The overspends on temporary staffing seen from April to July, CIP under-delivery, and non-pay pressures seen in year have been offset by corrective actions seen since August, including reducing temporary staffing run rates, increasing savings, including non-recurrent actions, and by additional contract income. The cumulative UHBW YTD position at the end of March is a surplus of £43k against a breakeven plan. Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

The NBT cash position at Month 12 is £77.4m, an increase of £14.7m from Month 12 2023/24. This is driven by additional PDC cash received in year for national capital schemes for which invoiced spend is not yet due. The Trust has delivered £22.2m of completed cost improvement programme (CIP) schemes at Month 12, an increase of £1.0m from Month 11.

UHBW pay expenditure for the year is c10% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	ED % Spending Under 4 Hours in Department	NBT	Mar-25	61.3%	72.6%	59.4%	F-	L	Escalation Summary
		UHBW	Mar-25	68.0%	71.8%	63.8%	F	C	Escalation Summary
Responsive	ED % Spending Over 12 Hours in Department	NBT	Mar-25	10.0%	2.0%	12.2%	F-	H	Escalation Summary
		UHBW	Mar-25	5.2%	2.0%	7.4%	F	C	Escalation Summary
Responsive	ED 12 Hour Trolley Waits (from DTA)	NBT	Mar-25	407	0	536	F	H	Escalation Summary
		UHBW	Mar-25	534	0	664	F-	C	Escalation Summary
Responsive	No Criteria to Reside	NBT	Mar-25	21.8%	15.0%	20.7%	F-	L	Escalation Summary
		UHBW	Mar-25	22.3%	13.0%	22.0%	F-	H	Escalation Summary
Responsive	Ambulance Handover Delays (under 15 minutes)	NBT	Mar-25	23.7%	65.0%	19.9%	F-	L	Escalation Summary
		UHBW	Mar-25	33.2%	65.0%	27.0%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (under 30 minutes)	NBT	Mar-25	52.0%	95.0%	45.9%	F-	L	Escalation Summary
		UHBW	Mar-25	68.8%	95.0%	56.6%	F-	C	Escalation Summary
Responsive	Ambulance Handover Delays (over 60 minutes)	NBT	Mar-25	655	0	723	F-	H	Escalation Summary
		UHBW	Mar-25	510	0	816	F-	C	Escalation Summary

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

Responsiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Responsive	Total RTT Pathways 52 weeks	NBT	Mar-25	147	528	345	P	N/A	Note Performance
		UHBW	Mar-25	603	862	824	P	N/A	Note Performance
Responsive	Total RTT Pathways 65 weeks	NBT	Mar-25	0	0	4	P	N/A	Note Performance
		UHBW	Mar-25	0	0	26	P	N/A	Note Performance
Responsive	Diagnostics % Over 6 Weeks	NBT	Mar-25	0.57%	0.98%	0.61%	P	L	Note Performance
		UHBW	Mar-25	15.2%	4.8%	13.3%	F-	L	Escalation Summary
Responsive	Cancer 28 Day Faster Diagnosis	NBT	Feb-25	83.3%	77.0%	77.8%	P	H	Note Performance
		UHBW	Feb-25	78.2%	77.0%	77.0%	P	H	Note Performance
Responsive	Cancer 31 Day Diagnosis to Treatment	NBT	Feb-25	92.0%	95.4%	88.1%	?	C	Escalation Summary
		UHBW	Feb-25	98.1%	96.0%	96.4%	P	H	Note Performance
Responsive	Cancer 62 Day Referral to Treatment	NBT	Feb-25	59.1%	70.3%	66.6%	?	C	Escalation Summary
		UHBW	Feb-25	74.6%	70.0%	74.2%	P	C	Note Performance
Responsive	Last Minute Cancelled Operations	NBT	Mar-25	0.6%	0.8%	0.4%	P	C	Note Performance
		UHBW	Mar-25	1.6%	1.5%	2.3%	F	C	Escalation Summary

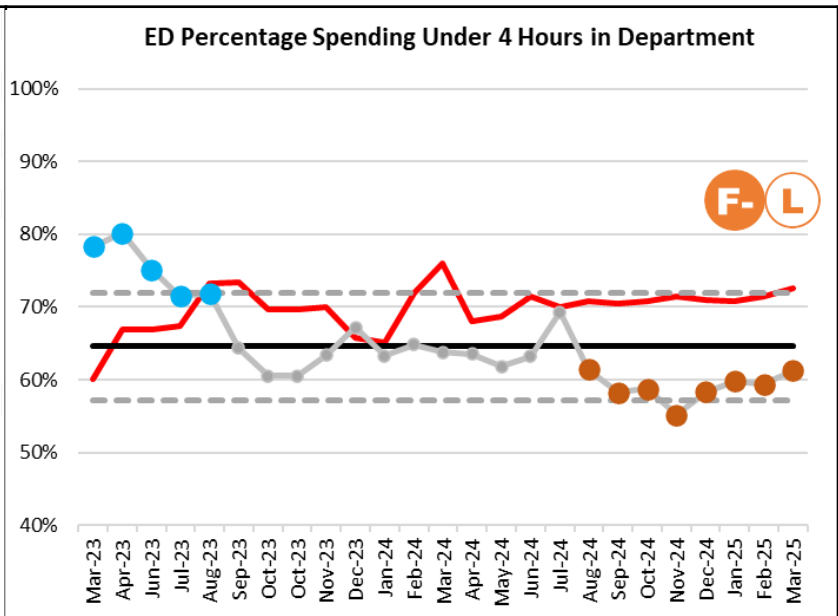
Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

Responsiveness

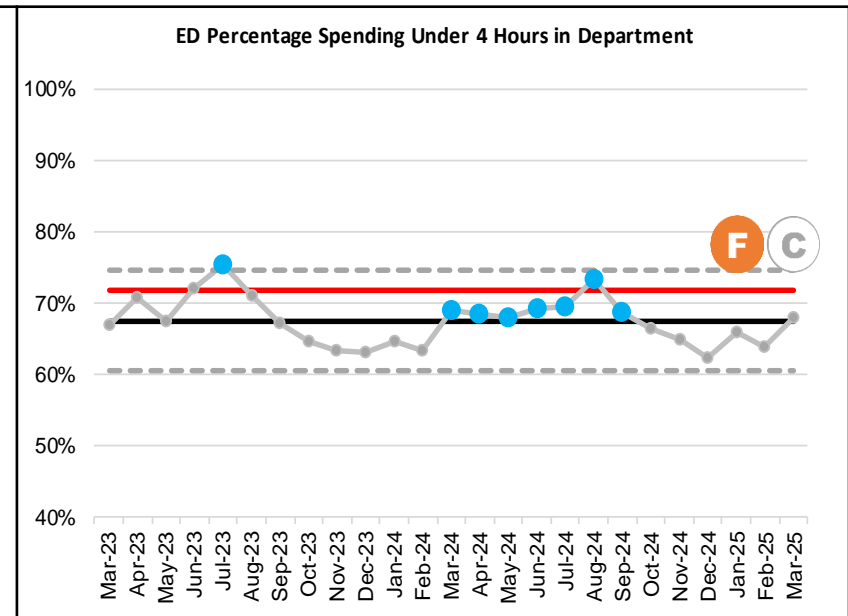
UEC – Emergency Department Metrics

ED Percentage Spending Under 4 Hours in Department

Latest Month	Mar-25
Target	72.6%
Latest Month's Position	61.3%
Performance / Assurance	Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



ED Percentage Spending Under 4 Hours in Department



Latest Month	Mar-25
Target	71.8%
Latest Month's Position	68.0%
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are less than target where down is deterioration.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

What does the data tell us?
The percentage of patients spending under 4 hours in ED for the month of March slightly improved on the previous month's position at 61.3%. Year-on-year ED attendances have been increasing; for 2024/25 to-date, attendances have been 1% higher than the same period last year.

Actions being taken to improve
Ongoing implementation of the refreshed UEC plan for NBT 2025/26, which includes six key transformation projects. These projects include work on minors performance, consolidation of admission avoidance work and a review on flow into the medicine bed base. The plan also focuses on delivery of Unified Care Framework standards and implementing an 'Every Minute Matters' approach for NBT, respecting patient and staff time and improving ward-based flow processes. The Trust will continue to work with system partners on a strategic solution to the acute No Criteria to Reside (NCTR) backlog.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition. Provisional data for April-25 is showing a similar position at 61% (pending validation).

Summary

What does the data tell us?
An improvement on the previous month's performance in March against the ED 4-hour standard at 68% (63.8% February and 67.4% full-year, 2024/25), noting that performance is aggregated across the four ED sites, and attendances continue to grow in year; attendances 3.2% higher than Apr-Mar 2023/24. Focussed efforts throughout March have improved flow with a commensurate impact on ED 4-hour performance for BRI at 51% (50.6% full-year 2024/25) and Weston at 71% (67.2% full-year 2024/25).

Actions being taken to improve
Ongoing mobilisation of ED improvement plans across both BRI and Weston. This includes workforce reconfiguration to augment and better align senior decision makers to peak times IN & OOH, in addition to optimising SDEC utilisation and front door redirection models. Whole hospital review of ED 'quality standards' continues, with a specific focus on 'specialty reviews' and outward flow from ED. The department is also working closely with SWAST, community and primary care partners to maximise admissions avoidance schemes e.g. Frailty – Assessment & Coordination of Urgent & Emergency Care (F-ACE). NB UHBW currently leading the parallel development with Paediatrics (P-ACE).

Impact on forecast
Forecasting improvement plans will continue to iterate and improve the Trust position; c70% in April 25/26.

Responsiveness

UEC – Emergency Department Metrics

ED Percentage Spending Over 12 Hours in Department

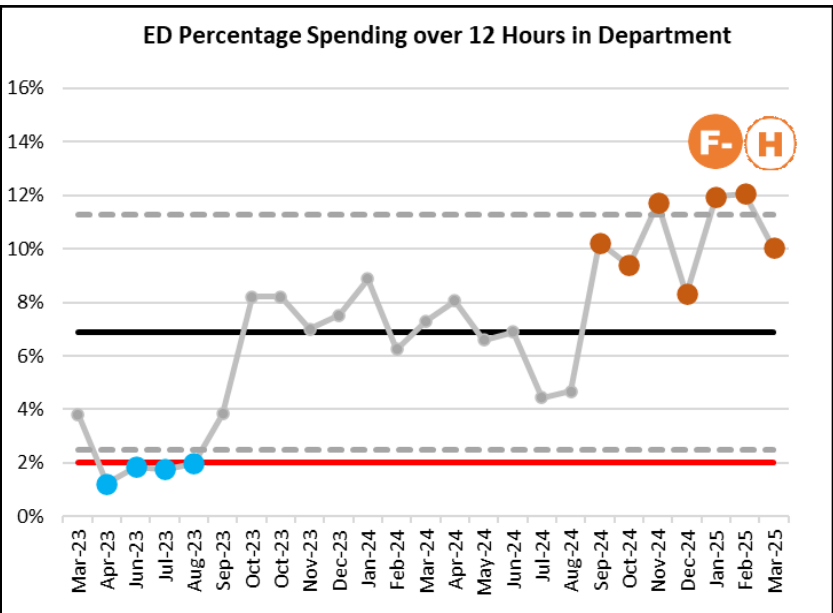
Latest Month
Mar-25

Target
2.0%

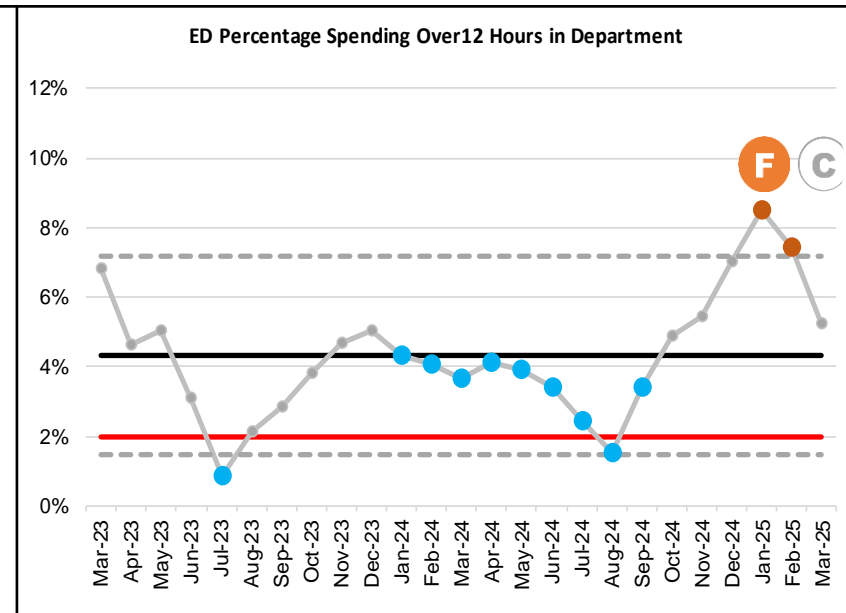
Latest Month's Position
10.0%

Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit

Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



ED Percentage Spending Over 12 Hours in Department



Latest Month
Mar-25

Target
2.0%

Latest Month's Position
5.2%

Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of March improved on the previous month at 10.0%.

Actions being taken to improve
As well as the actions detailed on the previous slide, we are undertaking specialty level length of stay improvement work as part of our productivity agenda, with the aim of mitigating our modelled bed deficits. Additionally, we are working through a delay related harm plan to improve our operational site management and flow processes.

Impact on forecast
See previous slide. Provisional data for April-25 is showing a marginally improved position at 9.4% (pending validation).

Summary

What does the data tell us?
The percentage of patients spending over 12 hours in ED for the month of March (5.2%) was an improvement on the previous month at 7.4%

Actions being taken to improve
Note previous slide.

Additionally, ED 12-hour performance data is being reviewed by all divisions/specialties across BRI/Weston sites in support of a trust-wide approach to reducing 12-hour waits through improved responsiveness to requests for Specialty Reviews, in addition to improved support into ED in Out of hours periods.

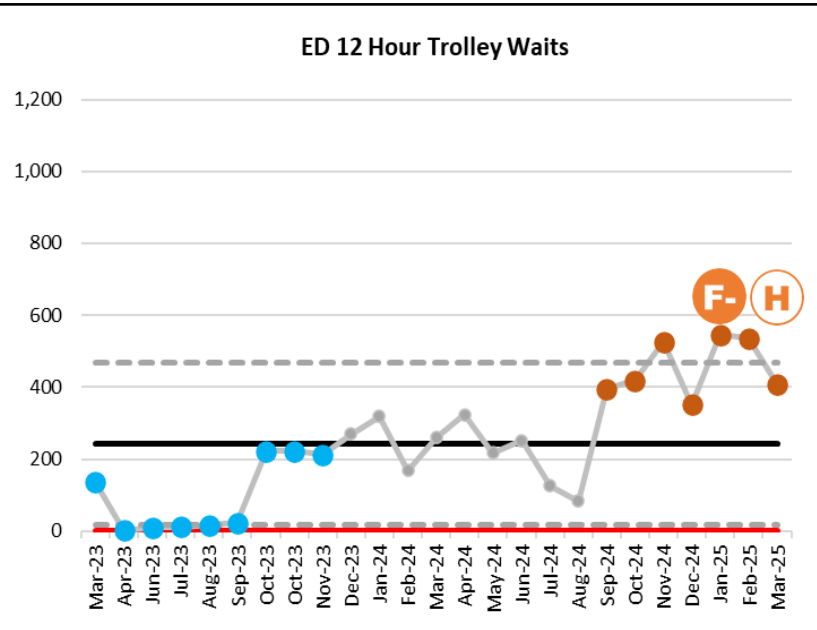
Impact on forecast
The focused improvement efforts described above are anticipated to result in an improved position to c4.8% during April 25/26.

Responsiveness

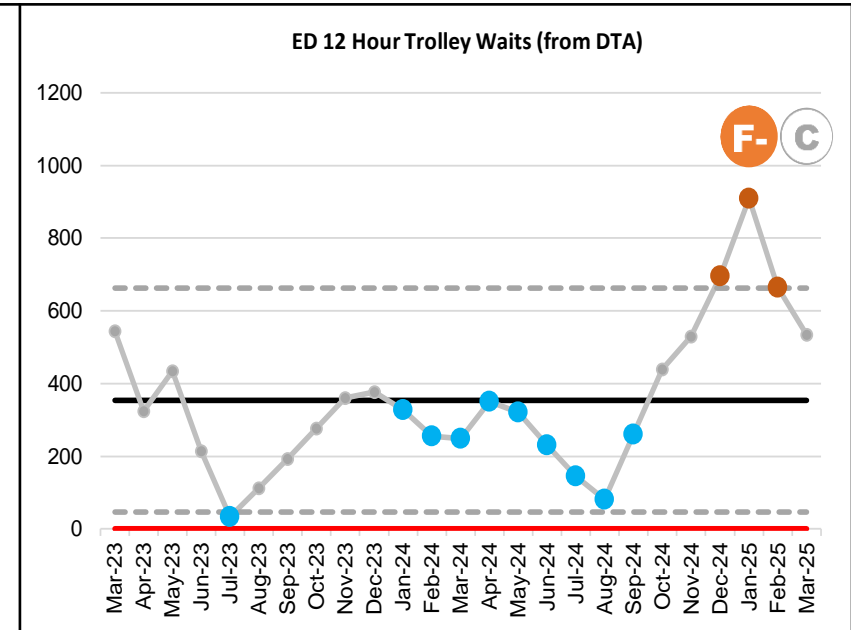
UEC – Emergency Department Metrics

ED 12 Hour Trolley Waits

Latest Month	Mar-25
Target	0
Latest Month's Position	407
Performance / Assurance	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit
Trust Level Risk	1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



ED 12 Hour Trolley Waits



Latest Month	Mar-25
Target	0
Latest Month's Position	534
Performance / Assurance	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk	Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

What does the data tell us?
The number of 12 Hour trolley waits decreased compared to the previous month to 407 but remains high.

Actions being taken to improve
See previous slide.

Impact on forecast
See previous slide.

Summary

What does the data tell us?
The number of 12 Hour trolley waits has decreased on the previous month but remains high.

Actions being taken to improve
Note actions from previous two slides.

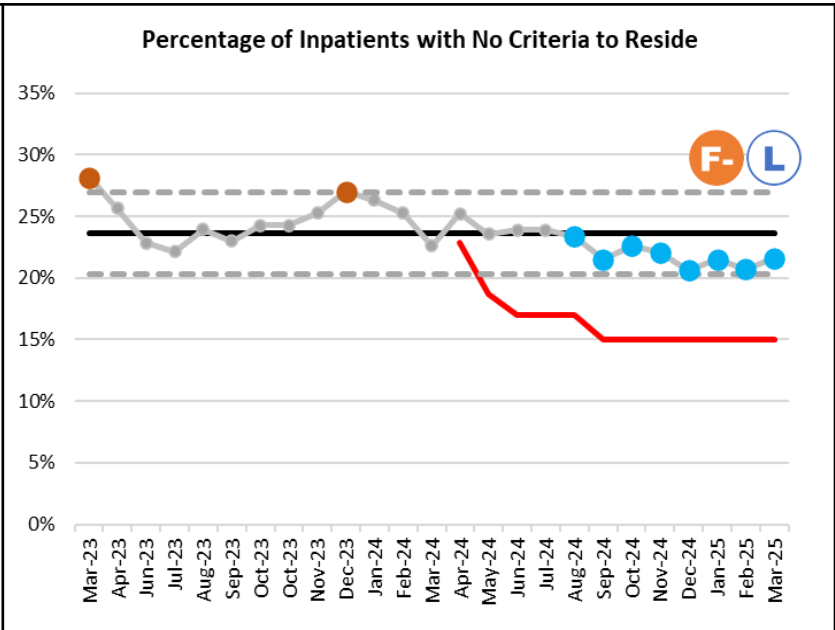
Impact on forecast
Along with improvements noted against the 4-hour and 12-hour standard, it is anticipated that 12-hour trolley waits will reduce in April as a result of the enhanced focus and re-launch of the ED Quality Standards in relation to "Speciality Reviews" in particular.

Responsiveness

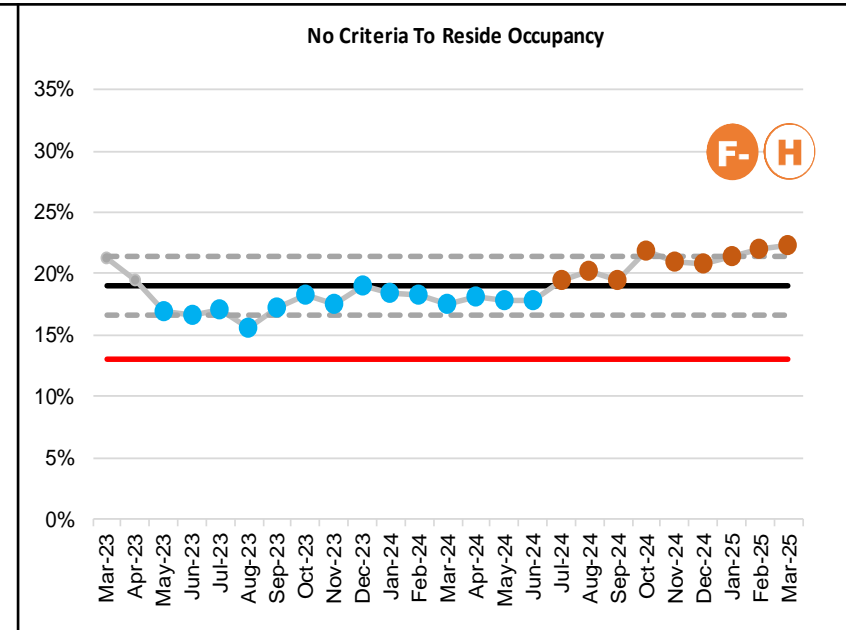
UEC – No Criteria To Reside

Percentage of Inpatients with No Criteria to Reside

Latest Month
Mar-25
Target
15.0%
Latest Month's Position
21.6%
Performance /
Special Cause
Improving Variation
Low, where down is improvement but target is less than lower limit
Trust Level Risk
No Trust Level Risk



No Criteria to Reside - Beds Occupied



Latest Month
Mar-25
Target
13.0%
Latest Month's Position
22.3%
Performance / Assurance
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.
Corporate Risk
Corporate Risk 423 - Risk that demand for inpatient admission exceeds available bed capacity (20).
Corporate Risk 2614 Risk that patient care and experience is affected due to being cared for in extra capacity locations (15)

Summary

What does the data tell us?
Although there has been an overall downward trend in NC2R since, there has not been progress in reducing this to the 15% System ambition target. There was a slight increase in March 2025 to 21.6%.

Actions being taken to improve
The system-wide ICS discharge plan has been refreshed focusing on key areas of backdoor flow, standardised KPIs for each pathway and improved performance management through Transfer of Care Hubs. There is also a new focus on non-D2A delays, which will particularly support complex discharge from the neuro sub-specialties at NBT.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition.

Summary

What does the data tell us?
The No Criteria to Reside (NCTR) position worsened slightly in March (22.3%) compared to the previous month (22%), continuing to impact flow through hospital sites. NB Weston 29.4% (Feb: 30.6%); BRI 20.3% (Feb: 19.4%)

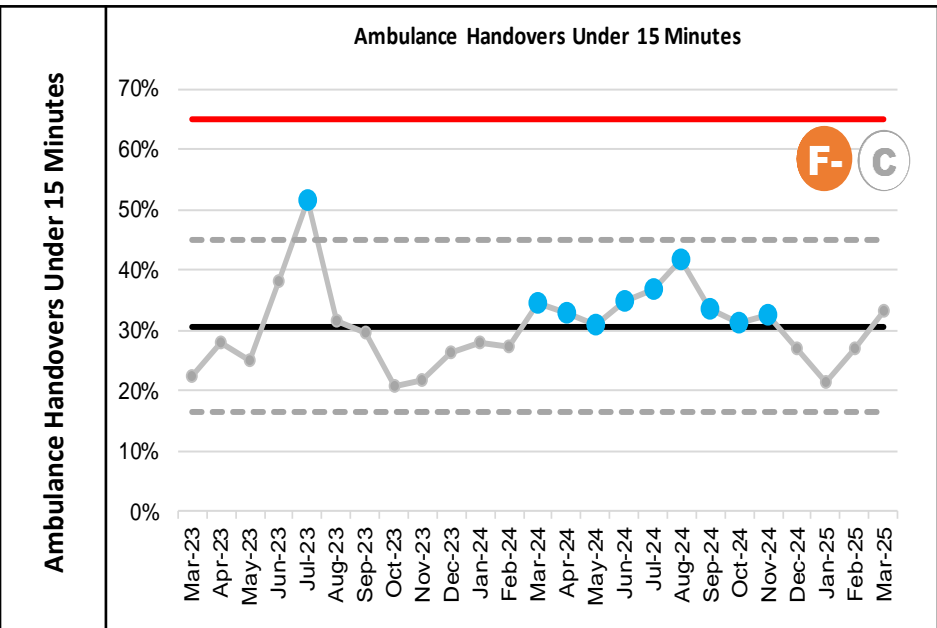
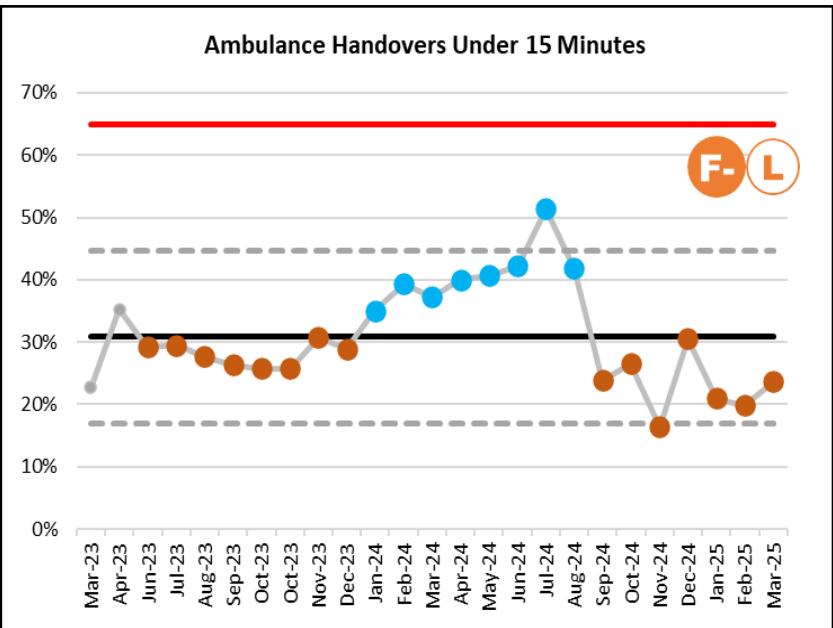
Actions being taken to improve:
Development of System wide improvement plans to deliver the 15% NCTR position. With particular focus on reduction of Length of Stay within pathway 2 and 3 bedded capacity, benchmarked against national data.
Early supported Discharges, enabling patients to leave hospital ahead of their package of care start date, has supported 105 patents to leave hospital early with 284 bed days saved. In addition, the refreshed Community-led D2A Transformation Programme is underway, and alongside a detailed redesign of the 15% NCTR Ambition Plan being developed in partnership with all system partners.

Impact on forecast:
Whilst the System ambition of reducing NCTR to 15% (11% at BRI; 19% at Weston) remains unmet, LoS reduction across all patient pathways at UHBW is noted during 2024/25, against the 2022/23 baseline period (25% reduction in Non-elective LoS at Weston and 11% reduction at BRI).

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 15 Minutes	Latest Month
	Mar-25
	Target
	65.0%
	Latest Month's Position
23.7%	
Performance / Assurance	
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit	
Trust Level Risk	
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).	



Latest Month
Mar-25
Target
65.0%
Latest Month's Position
33.2%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

What does the data tell us?
Year-on-year improvement in lost ambulance handover time – but previous months have proved more challenging.

Actions being taken to improve
Internal UEC programme actions focus on flow measures to facilitate sufficient capacity to manage variability and surge in ambulance arrivals. During May, we are running an improvement workshop with SWAST to produce a prioritised action and delivery plan. Recommendations from a recent audit completed with SWAST, focussing on alternatives to conveyance, are anticipated.

Impact on forecast
As yet, no significant progress in reducing NC2R problems against System ambition.

Summary

What does the data tell us?
Whilst UHBW has seen an improved position in March (33% vs 27% in February) and a notable year-on-year improvement, more recent months have been more challenged, largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers.

Actions being taken to improve
The current improvement plan and Standard Operating Procedure for ambulance handover is under review in partnership with SWAST and clinical teams, with the aim of embedding and strengthening those schemes that are adding value – e.g. new cohort plan and rapid handover arrangements - and using a data driven approach to re-evaluating periods when most challenged. NB Largely OOH.

Impact on forecast
Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in April.

Summary

What does the data tell us?
Whilst UHBW has seen an improved position in March (33% vs 27% in February) and a notable year-on-year improvement, more recent months have been more challenged, largely impacted by lack of physical capacity and staffing numbers available to complete timely handovers.

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Impact on forecast
Whilst the progress in reducing NC2R remains challenged, it is anticipated that mitigations in place will contribute to an improved position in April.

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Under 30 Minutes

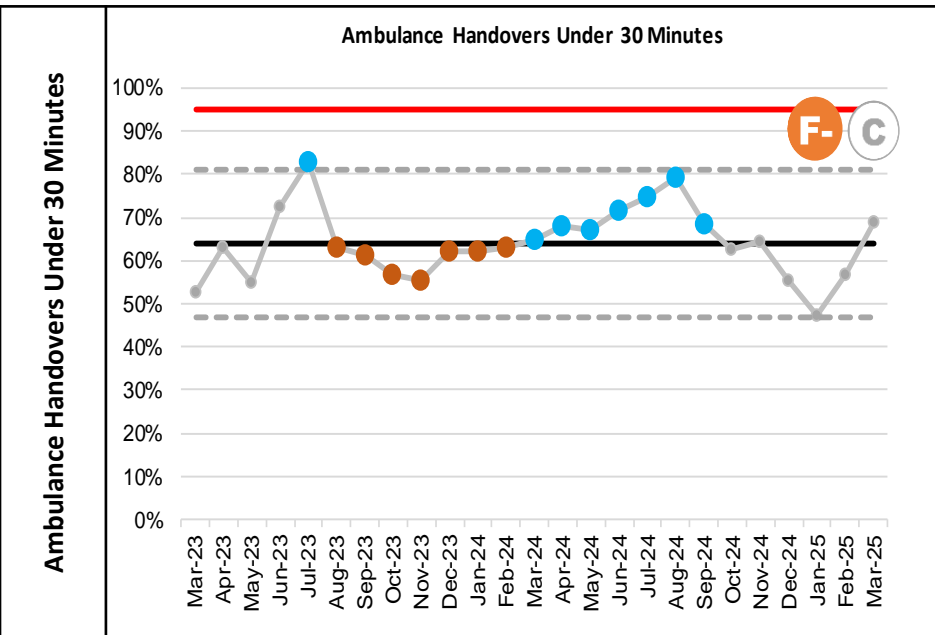
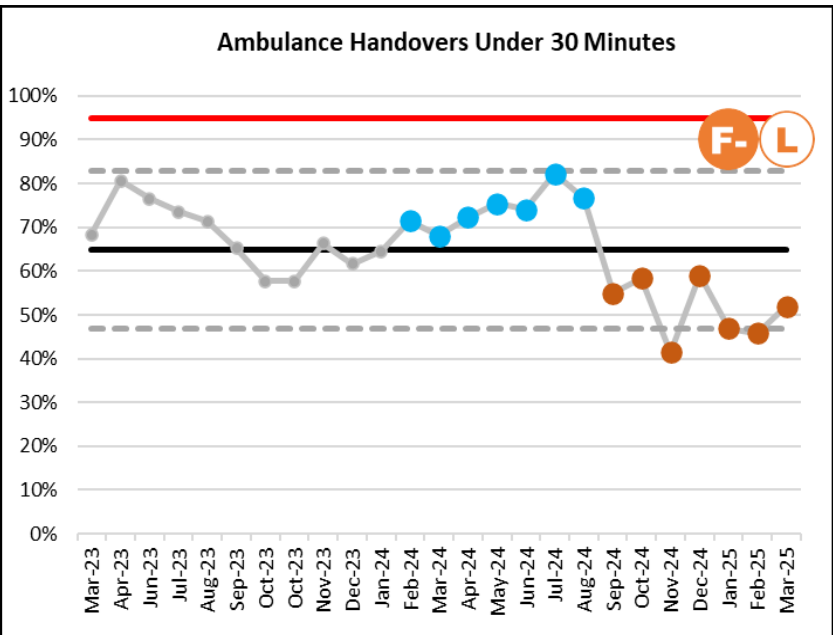
Latest Month
Mar-25

Target
95.0%

Latest Month's Position
52.0%

Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit

Trust Level Risk
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).



Latest Month
Mar-25

Target
95.0%

Latest Month's Position
68.8%

Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.

Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

See Previous Slide for Ambulance Handover Summary

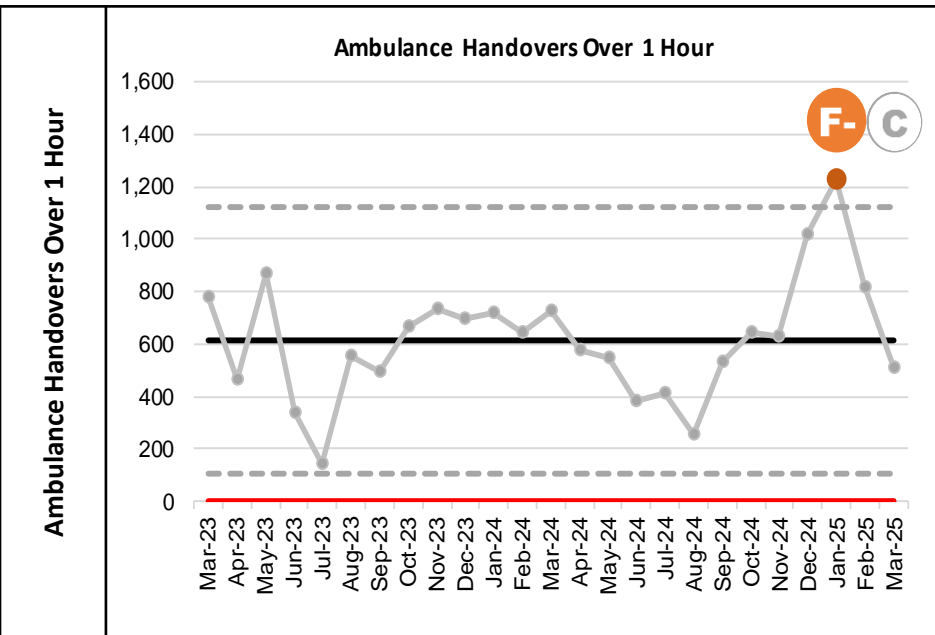
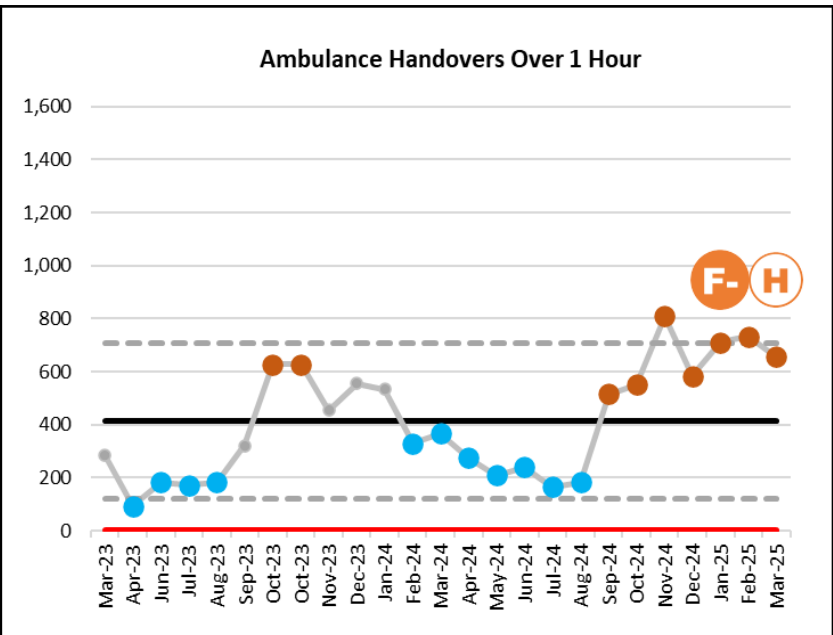
Summary

See Previous Slide for Ambulance Handover Summary

Responsiveness

UEC – Ambulance Handover Delays

Ambulance Handovers Over 1 Hour	Latest Month
	Mar-25
	Target
	0
	Latest Month's Position
655	
Performance / Assurance	
Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit	
Trust Level Risk	
1940 - risk that patients will not be treated in an optimum timeframe, impact on both performance and quality (20).	



Latest Month
Mar-25
Target
0
Latest Month's Position
510
Performance / Assurance
Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration.
Corporate Risk
Risk 7769 - Patients in the Trust's EDs may not receive timely and effective care (20)

Summary

See Previous Slides for Ambulance Handover Summary

Summary

See Previous Slides for Ambulance Handover Summary

Responsiveness

Planned Care – Diagnostics

Diagnostics Percentage Over 6 Weeks	Latest Month		Latest Month
	Mar-25		Mar-25
	Target		Target
	1.0%		4.8%
	Latest Month's Position		Latest Month's Position
	0.6%		15.2%
	Performance / Assurance		Performance / Assurance
	Special Cause Improving		Special Cause Improving
	Variation Low, where		Variation Low, where
	down is improvement		down is improvement
	and last six data points		and last six data points
	are less than target		are less than target
	Trust Level Risk		Corporate Risk
	No Trust Level Risk		Risk 801 - Elements of the NHS Oversight Framework are not met (12)

Summary	No narrative required as per business rules.		Summary
	<p>What does the data tell us? Whilst there has been a 362 reduction in total waiting list size, diagnostic performance against the six-week standard fell from 13.3% in February to 15.2% in March. It is worth noting that the areas which are most challenged are the more specialised / niche modalities not available at NBT or via the Community Diagnostic Centres (e.g. CT Cardiac, Paediatric MRI, Paediatric NOUS).</p> <p>Actions being taken to improve</p> <ul style="list-style-type: none"> Targeted focus on small number of modalities where patients waiting over 13 weeks remain. Procurement process underway to outsource Cardiac MRI capacity in Q2 to support backlog recovery Utilisation of Waiting List Initiatives for Paediatric MRI requiring General Anaesthetic (GA). Continue to utilise the MRI "Play Rocket". Continue to utilise Community Diagnostic Centre capacity, working with InHealth to ensure agreed uplift in CT and MRI scans. Discussions underway regarding additional space for Paediatric NOUS to increase available capacity. <p>Impact on forecast The actions above aim to improve diagnostic performance into April 2025. Modalities continue to refine 2025/26 plans to improve productivity, secure funding, and address ongoing capacity shortfalls, ensuring resilience against increasing diagnostic demand.</p>		

Responsiveness

Planned Care – Cancer Metrics

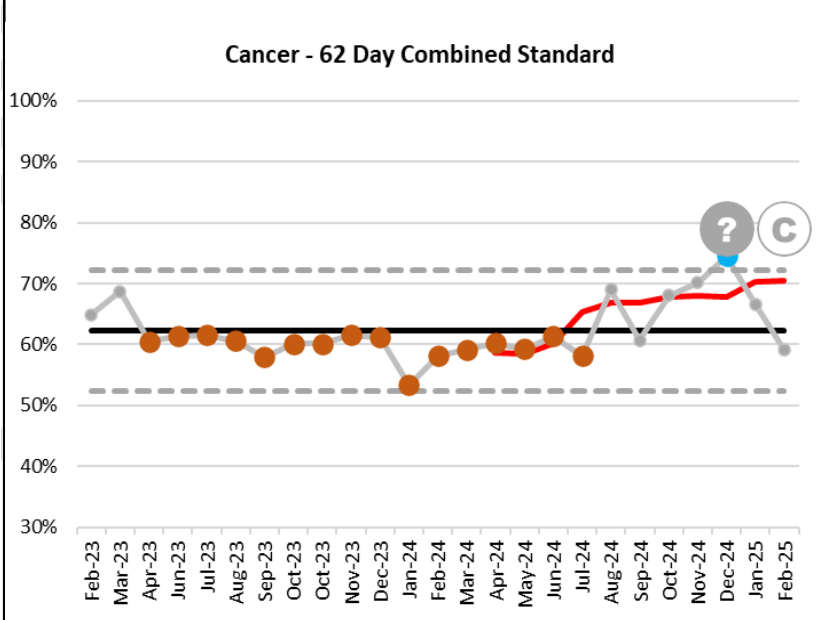
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Cancer – 31 Day Diagnosis to Treatment</p>	<p>Latest Month Feb-25</p> <p>Target 95.4%</p> <p>Latest Month's Position 92.0%</p> <p>Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation</p> <p>Trust Level Risk 988 - There is a risk that cancer patients will not be treated in the required timeframe due to</p>	<p style="text-align: center;">Cancer - 31 Day Diagnosis To Treatment</p>	<p style="text-align: center;">Cancer - 31 Day Diagnosis To Treatment</p>	<p>Latest Month Feb-25</p> <p>Target 96.0%</p> <p>Latest Month's Position 98.1%</p> <p>Performance / Assurance Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.</p> <p>Corporate Risk Risk 5532 - Non-compliance with the 31 day cancer standard (12)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Summary</p>	<p>What does the data tell us? There was improvement against the 31-Day standard. The Trust delivered less treatments overall with less breaches in both first treatment and subsequent surgery.</p> <p>Actions being taken to improve Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload (first treatment and subsequent treatments). Additional capacity has reduced the wait from decision-to-treat to surgery in Breast.</p> <p>Impact on forecast March is reporting less treatments overall with an increase in breaches, the position is driven by subsequent surgeries in Skin and will negatively impact the combined 31-Day position.</p>	<p>Summary</p> <p>No narrative required as per business rules.</p>		

Responsiveness

Planned Care – Cancer Metrics

Cancer – 62 Day Combined Standard

Latest Month
Feb-25
Target
70.4%
Latest Month's Position
59.1%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation
Trust Level Risk
988 - There is a risk that cancer patients will not be treated in the required timeframe due to insufficient capacity (15).



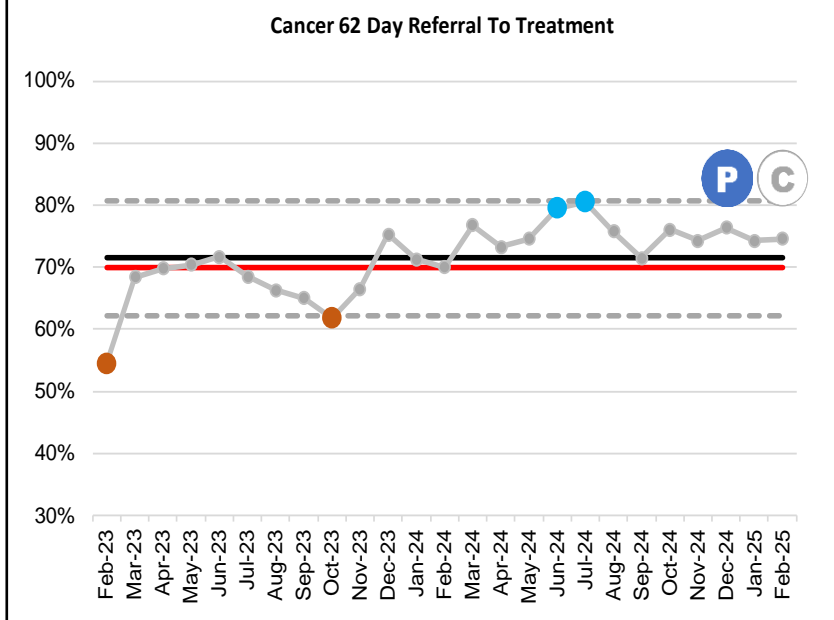
Summary

What does the data tell us?
There was deterioration against the 62-Day standard. The Trust delivered less treatments overall with more reported breaches. This was driven by Breast, LGI and Urology reporting significantly higher breaches. Shortfall in elective capacity to meet backlog clearance of patients who breached in January was a key reason for the deterioration in performance.

Actions being taken to improve
Additionality in Urology Robotic Assisted Laparoscopic Prostatectomy is required to clear local and tertiary workload. Backlog clearance continued throughout February and March.
Agreed investment into diagnostic capacity, specifically MpMRI. Additional capacity in all tumour sites is planned to balance demand.

Impact on forecast
March is reporting an improved position in advance of upload.

Cancer – 62 Day Referral to Treatment



Summary

No narrative required as per business rules.

Latest Month
Feb-25
Target
70.0%
Latest Month's Position
74.6%
Performance / Assurance
Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement.
Corporate Risk
No Corporate Risk

Responsiveness

Last Minute Cancelled Operations

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Last Minute Cancelled Operations</p>	<p>Latest Month Mar-25</p> <p>Target 0.8%</p> <p>Latest Month's Position 0.6%</p> <p>Performance / Assurance Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random</p> <p>Trust Level Risk No Trust Level Risk</p>	<p>Last Minute Cancelled Operations - Percentage of Elective Admissions</p>	<p>Last Minute Cancelled Operations - Percentage of Admissions</p>	<p>Last Minute Cancelled Operations - Percentage of Admissions</p> <p>Latest Month Mar-25</p> <p>Target 1.5%</p> <p>Latest Month's Position 1.6%</p> <p>Performance / Assurance Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.</p> <p>Corporate Risk Risk 1035 - Risk that BNSSG and tertiary catchment populations do not have access to sufficient critical care beds (12)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Summary</p>	<p>No narrative required as per business rules.</p>	<p>What does the data tell us? Improvements in data quality and a concerted focus within divisions has contributed towards an improved performance across the last four months</p> <p>During March 2025, there were 132 cancelled operations out of 8,054 total admissions (1.64%); 41 related to non-surgical specialties (primarily due to no ward beds) and 91 to surgical admissions, which were primarily due to available operating time and rescheduling of cases to prioritise clinically urgent patients.</p> <p>Actions being taken to improve Actions for reducing last minute cancellations are being delivered by the Trust's Theatre Productivity Programme. As part of this Programme, the Theatre Improvement Delivery Group and Planned Care Group are continuing to work on the data quality associated with this metric. A dashboard is now available, with data concerning the timeliness of validation at specialty level. The dashboard is in use across divisions and monitored via Planned Care Group.</p> <p>Impact on forecast Continued improvement expected into Q1 2025/26 through focussed management as referenced above.</p>	<p>Summary</p>	

Quality, Safety & Effectiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Pressure Injuries Per 1,000 Beddays	NBT	Mar-25	0.4	No Target	0.3	N/A	C	Note Performance
		UHBW	Mar-25	0.1	0.4	0.2	P*	C	Note Performance
Safe	MRSA Hospital Onset Cases	NBT	Mar-25	0	0	0	F	C	Escalation Summary
		UHBW	Mar-25	0	0	0	F	C	Escalation Summary
Safe	CDiff Healthcare Associated Cases	NBT	Mar-25	7	5.00	8	F	H	Escalation Summary
		UHBW	Mar-25	12	9.08	5	?	C	Escalation Summary
Safe	Falls Per 1,000 Beddays	NBT	Mar-25	6.2	No Target	7.2	N/A	C	Note Performance
		UHBW	Mar-25	4.7	4.8	4.4	?	C	Escalation Summary
Safe	Total Number of Patient Falls Resulting in Harm	NBT	Mar-25	5	No Target	6	N/A	C	Note Performance
		UHBW	Mar-25	3	2	4	F	C	Escalation Summary
Safe	Medication Incidents per 1,000 Bed Days	NBT	Mar-25	4.8	No Target	5.6	N/A	C	Note Performance
		UHBW	Mar-25	7.4	No Target	8.7	N/A	C	Note Performance
Safe	Medication Incidents Causing Moderate or Above Harm	NBT	Mar-25	2	0	0	F	C	Escalation Summary
		UHBW	Mar-25	1	0	1	F	C	Escalation Summary

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

Quality, Safety & Effectiveness

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Safe	Adult Inpatients who Received a VTE Risk Assessment	NBT	Feb-25	90.9%	95.0%	91.7%	F-	L	Escalation Summary
		UHBW	Mar-25	75.1%	95.0%	74.3%	F-	L	Escalation Summary
Effective	Summary Hospital Mortality Indicator (SHMI) - National Monthly Data	NBT	Nov-24	97.3	100.0	95.5	P*	L	Note Performance
		UHBW	Nov-24	89.1	100.0	89.5	P*	L	Note Performance
Effective	Fracture Neck of Femur Patients Treated Within 36 Hours	NBT	Feb-25	48.8%	No Target	68.6%	N/A	C	Note Performance
		UHBW	Mar-25	58.3%	90.0%	56.9%	F-	C	Escalation Summary
Effective	Fracture Neck of Femur Patients Seeing Orthogeriatrician within 72 Hours	NBT	Feb-25	92.7%	No Target	87.1%	N/A	C	Note Performance
		UHBW	Mar-25	93.8%	90.0%	90.8%	?	H	Note Performance
Effective	Fracture Neck of Femur Patients Achieving Best Practice Tariff	NBT	Feb-25	43.9%	No Target	58.6%	N/A	C	Note Performance
		UHBW	Mar-25	52.1%	No Target	46.2%	N/A	C	Note Performance
Safe	Staffing Fill Rate	NBT	Mar-25	98.1%	80% - 120%	97.0%	P	C	Note Performance
		UHBW	Mar-25	105.2%	100.0%	107.3%	P	H	Note Performance

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

Quality, Safety & Effectiveness

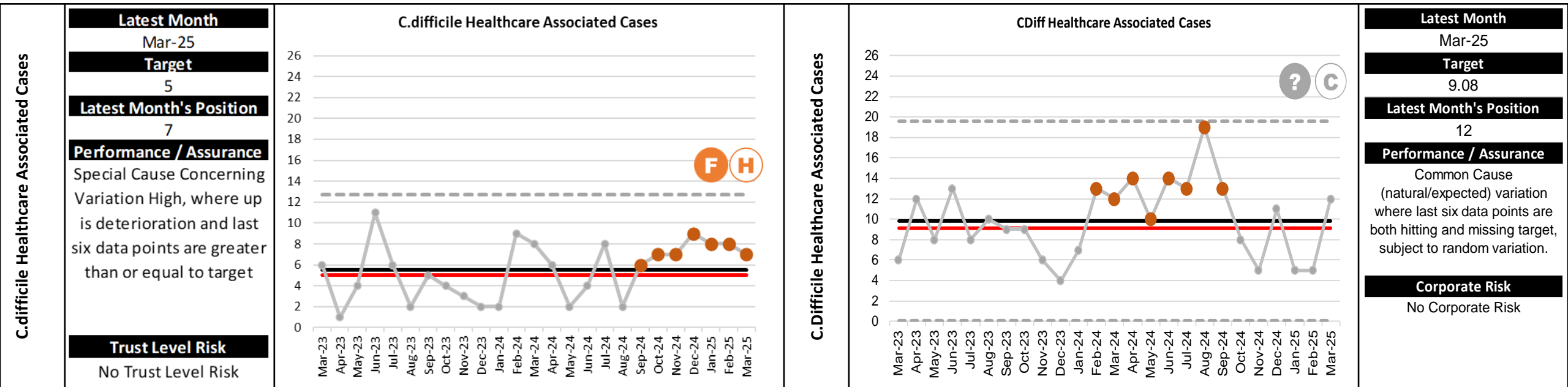
Infection Control

MRSA Hospital Onset Cases	<p>Latest Month Mar-25</p> <p>Target 0</p> <p>Latest Month's Position 0</p> <p>Performance / Assurance Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration</p> <p>Trust Level Risk No Trust Level Risk</p>	<p>MRSA Hospital Onset Cases</p>	MRSA Hospital Onset Cases	<p>Latest Month Mar-25</p> <p>Target 0</p> <p>Latest Month's Position 0</p> <p>Performance / Assurance Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.</p> <p>Corporate Risk Risk 6013 - Risk that the Trust exceeds its NHSE/I limit for Methicillin Resistant Staphylococcus aureus bacteraemia's (12)</p>	<p>MRSA Hospital Onset Cases</p>
	<p>What does the data tell us ? End of year position is 4 cases.</p> <p>What does the data tell us ? Learning identified for cases embedded in ASCR and NMSK divisions and clinical areas. One case with no focal source confirmed through trust investigation. Ongoing education continues around risk assessments and MRSA screening with digital versions due this month.</p> <p>MRSA management and decolonisation education continues to be delivered at divisional level. Whilst continuing our education around device management linked to MSSA reduction. Work will take place re decolonisation and products to use going forward with potential of a Steriwave trial in new elective centre</p>	<p>What does the data tell us? There were no cases in March 2025. End of year figures for 2024/25 show the trust finished the year with seven cases.</p> <p>Actions being taken to improve MRSA quality improvement work continues and going forward into 2025/26 further focused work around line care is planned. Of the UHBW cases during thematic analysis revealed the people who inject drugs, represent a high proportion of the cases, collaborative improvement work is being coordinated community partners.</p> <p>Impact on forecast Impact of work to improve line insertion, care and timely removal will reduce risk of in-hospital MRSA and the impact of improvement work with community partners to support people who inject drugs should also reduce risk of MRSA bacteraemia's in this more susceptible group of people.</p>			

Summary	<p>What does the data tell us ? End of year position is 4 cases.</p> <p>What does the data tell us ? Learning identified for cases embedded in ASCR and NMSK divisions and clinical areas. One case with no focal source confirmed through trust investigation. Ongoing education continues around risk assessments and MRSA screening with digital versions due this month.</p> <p>MRSA management and decolonisation education continues to be delivered at divisional level. Whilst continuing our education around device management linked to MSSA reduction. Work will take place re decolonisation and products to use going forward with potential of a Steriwave trial in new elective centre</p>	<p>What does the data tell us? There were no cases in March 2025. End of year figures for 2024/25 show the trust finished the year with seven cases.</p> <p>Actions being taken to improve MRSA quality improvement work continues and going forward into 2025/26 further focused work around line care is planned. Of the UHBW cases during thematic analysis revealed the people who inject drugs, represent a high proportion of the cases, collaborative improvement work is being coordinated community partners.</p> <p>Impact on forecast Impact of work to improve line insertion, care and timely removal will reduce risk of in-hospital MRSA and the impact of improvement work with community partners to support people who inject drugs should also reduce risk of MRSA bacteraemia's in this more susceptible group of people.</p>
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Quality, Safety & Effectiveness

Infection Control



Summary	<p>What does the data tell us? End of year cases have reached 117 cases, this above the set trajectory .</p> <p>Actions being taken to improve C. difficile targeted plans include adopting weekly C. difficile ward rounds to review microbiologically treated cases, educate, advise and intervene including escalation to microbiology for escalated symptoms and antibiotic management.</p> <p>Other projects Wider education for unexplainable diarrhoea , vomiting and associated testing continues . Twice daily cleaning for C. difficile and enhanced cleaning with collaboration from facilities.</p> <p>Alcohol free gel – Implementation of Spectrum X alcohol free gel for point of care use being rolled out Trust wide to assist with C. difficile and Norovirus transmission.</p>	<p>What does the data tell us? UHBW had 12 cases of Clostridium Difficile in March 2025, five Hospital Onset Healthcare Associated (HOHA) and seven Community Onset Healthcare Associated (COHA). Whilst this is an increase from the previous month where there were five cases, the SPC chart is showing common cause variation. The end of year figure for 2024/25 is 129 cases (87 HOHA, 42 COHA). The NHSE limit for UHBW for 2024/25 was set at 109 cases, therefore UHBW has breached this limit by 20 cases. The regional and national C.Diff positions continues to show an increasing trend.</p> <p>Actions being taken to improve The UK Health Security Agency (UKHSA) have triggered a national incident to increase scrutiny of the national increase in C Diff. No specific themes have yet emerged, but this may provide some future new insights to inform a national response. The previously reported quality improvement work continues e.g. improvements in screening for C. Diff, isolating patients who have diarrhoea, clinical equipment cleaning standards.</p> <p>Impact on forecast The outcome of the UKHSA increased surveillance is awaited. The limited number of cubicles for isolating patients particularly in Weston General Hospital and the Children's Hospital will continue to require dynamic risk-based decision making on patient isolation. The quality improvement work being undertaken within UHBW will reduce risk of patients developing C Diff.</p>
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Quality, Safety & Effectiveness

Falls

Inpatient Falls Per 1000 Bed days	Latest Month	Mar-25	Target	No Target	Latest Month's Position	6	Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement	Trust Level Risk	No Trust Level Risk
	Performance / Assurance									
	<p style="text-align: center;">Falls per 1000 bed days</p>									
Inpatient Falls Per 1,000 Bed days	Latest Month	Mar-25	Target	4.8	Latest Month's Position	4.7	Performance / Assurance	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	Corporate Risk	Risk 1598 - Patients suffer harm or injury from preventable falls (12)
	Performance / Assurance									
	<p style="text-align: center;">Falls Per 1,000 Beddays</p>									

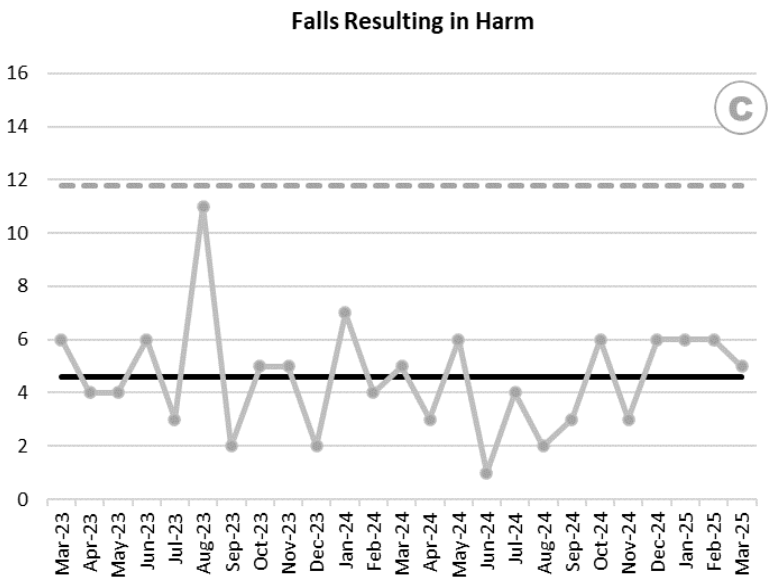
Summary	No narrative required as per business rules.									
Summary	<p>What does the data tell us?</p> <p>There were 165 in March 2025, 23 more than February 2025 (142) but below the locally set target of 4.8 falls per 1,000 beddays. There were three falls with harm in March 2025 above the locally set target of 2. Both indicators are showing within normal variation. Risk of falls continues to remain on the divisions' risk registers as well as the Trust risk register. Actions to reduce falls, all of which have potential to cause harm, is provided below.</p> <p>Actions being taken to improve</p> <ul style="list-style-type: none"> - In March 2025, Weston General Hospital and Women's services shared learning from their analyses of falls incidents at the Dementia Delirium and Falls Steering Group. They shared patient stories and identified themes: falls when mobilising remained most common category related to distance between bed areas and toilets, visibility of side rooms from nurse desk, a high number of patients requiring enhanced care observations and unfilled health care support worker shifts. Learning identified-to increase staff and patient awareness of the risk of fatigue during breast feeding, ensuring patients receive enhanced care observation, correct use of mobility aids and increasing understanding regarding a patient's mental capacity in relation to risk. 									

Quality, Safety & Effectiveness

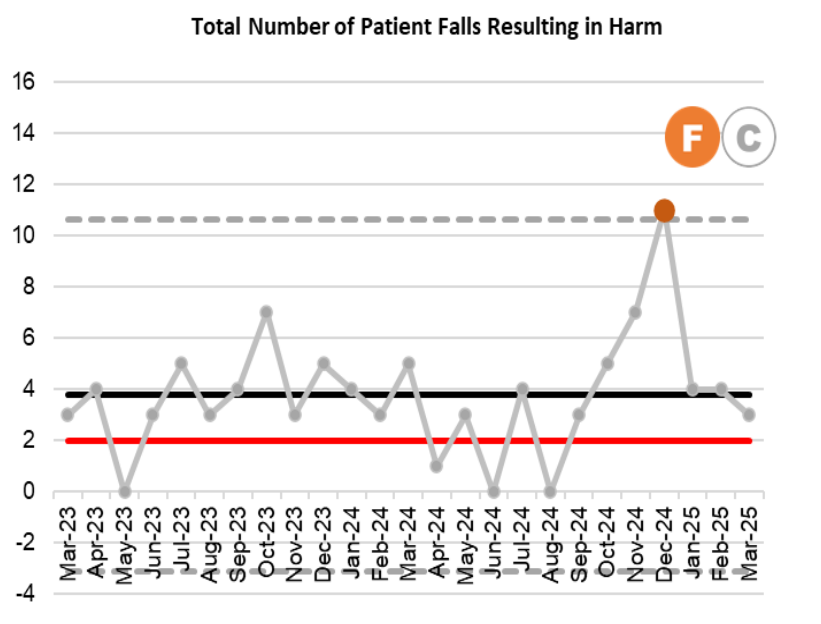
Falls

Falls Resulting in Harm

Latest Month	Mar-25
Target	No Target
Latest Month's Position	5
Performance / Assurance	Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement
Trust Level Risk	No Trust Level Risk



Total Number of Inpatient Patient Falls Resulting in Harm



Latest Month	Mar-25
Target	2
Latest Month's Position	3
Performance / Assurance	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.
Corporate Risk	Risk 1598 - Patients suffer harm or injury from preventable falls (12)

Summary

No narrative required as per business rules.

Summary

Actions being taken to improve (continued from previous slide)

- Audit: We are participating in the National Audit of Inpatient Falls, the audit is expanding in 2025 to include hip fractures, head injury, spinal injury or any fracture from an inpatient fall. This may provide new national and local insights to inform areas for improvement.
- Quality Improvement: Improving completion and use of the Multi Factorial Risk Assessment (MFRA) document. Following an update of the MFRA document and education to staff a re-audit has been completed. Audit results are being reviewed to identify areas for improvement. The Multi Factorial Risk Assessment document has been reviewed and updated to embed Personalisation, Prediction, Prevention and Participation in falls prevention and management across the Trust.
- The Dementia Garden Project is embedded in the BRI and Weston hospital sites. The aim of the Dementia Garden project is to promote activity to increase stability and muscle strength, engagement and wellbeing and improve patient experience.
- Training -The DDF Steering Group provides an education component, bitesize education sessions are delivered to the group on relevant topics. The DDF team continue to deliver education sessions and simulation-based training.

Impact on forecast
We continue to monitor total falls, falls per 1000 bed days and falls with harm and continue to work on identifying risks, preventing and managing falls.

Quality, Safety & Effectiveness

Medication Incidents

Medication Incidents Causing Moderate or Above Harm

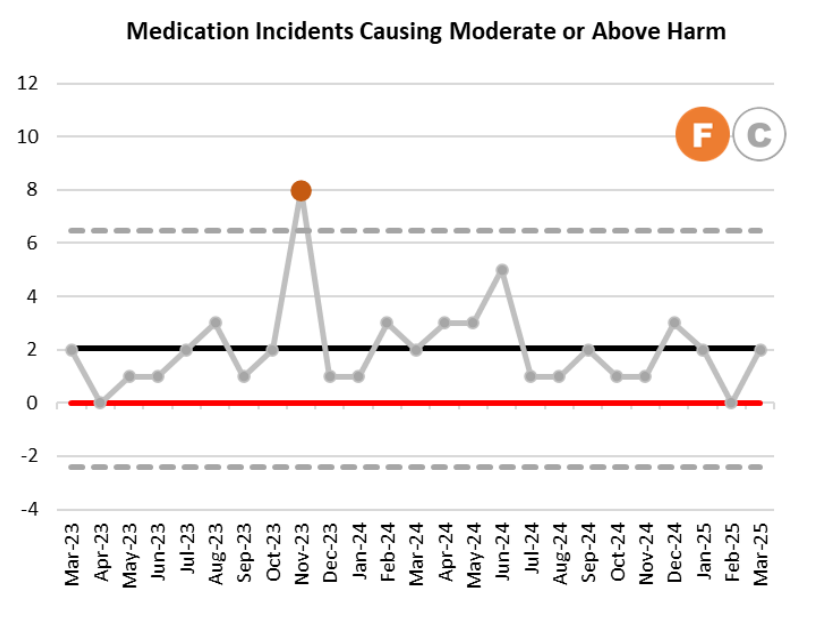
Latest Month
Mar-25

Target
0

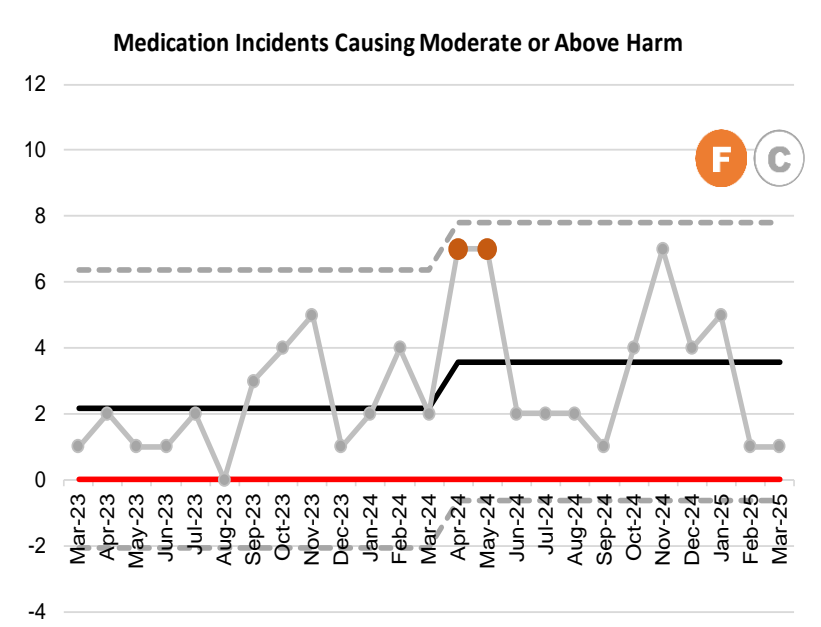
Latest Month's Position
2

Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are greater than or equal to target where up is deterioration

Trust Level Risk
Risk 1800 – Allergy status may not be identified resulting in medication being incorrectly prescribed or administered. (20)



Medication Incidents Causing Moderate or Above Harm



Latest Month
Mar-25

Target
0

Latest Month's Position
1

Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are greater than or equal to target where up is deterioration.

Corporate Risk
No Corporate Risk

Summary

What does the data tell us?
During March 2025, NBT had 157 medication related incidents. Two medication incidents were reported as causing moderate or severe harm or death this month.

Actions being taken to improve
The work of the 'Medicines Safety Forum' continues – this is a multidisciplinary group whose aim is to focus on gaining a better understanding of medicines safety challenges and subsequently supporting staff to address these. This group meets monthly, with a high level of engagement from all Divisions and staff groups. Groups initial workstreams are as follows:

- Formation of a 'Drug Administration' sub-group to discuss the processes around this task and consider improvement initiatives.
- Reviewing the competence assessment process for nursing staff ensuring it is practical, fit for purpose and consistently applied.
- Review of the role of other staff groups e.g registered nursing associates and non-registered staff regarding medicines.

A resource proposal detailing the Pharmacy staffing required to support medicines safety improvement work going forward will be discussed at the DTC in due course.

Summary

What does the data tell us?
The number of medication incidents reported as being associated with moderate or severe harm or death. The harm levels since April 2024 are based on the new harm descriptors for physical and psychological harm in the Learning From Patient Safety Events system (LFPSE). The dataset pre-LFPSE roll out is based on previous harm descriptors in place in the Trust. The data indicates a good reporting culture with a low number of harm incidents compared to number of incidents.

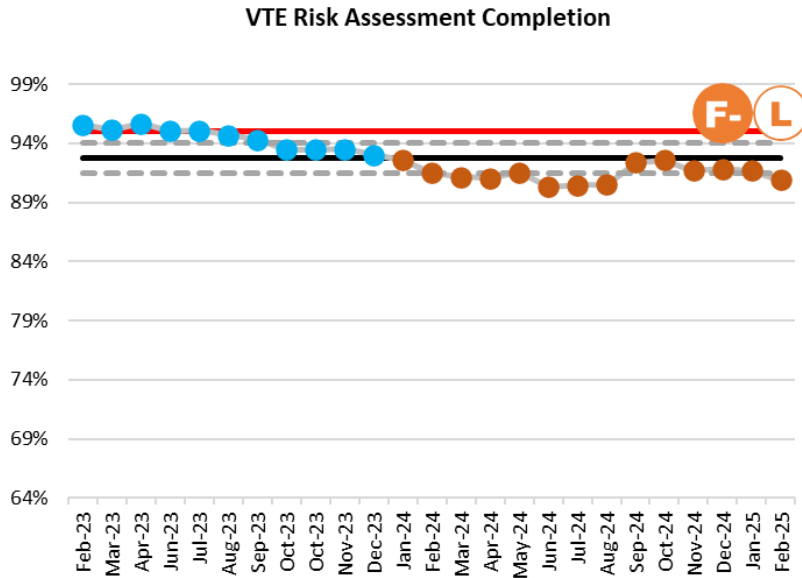
Actions being taken to improve
Medication incidents are reviewed by the UHBW medication safety team. Incidents are identified for enhanced learning response according to the Patient Safety Incident Response Plan. No specific themes have been identified arising from the low number of medication incidents associated with moderate and above harm following review at the multidisciplinary Medicines Governance Group. The implementation of Careflow Medicines Management will help reduce risks in some processes for prescribing and medicines administration. Specific learning is shared across the Trust via the Medicines Safety Bulletin and with BNSSG system colleagues via system medicines quality and safety meetings. This report has been developed collaboratively by the UHBW and NBT medicines safety teams. This takes advantage of the new joint Hospital Group Medication Safety Officer role.

Quality, Safety & Effectiveness

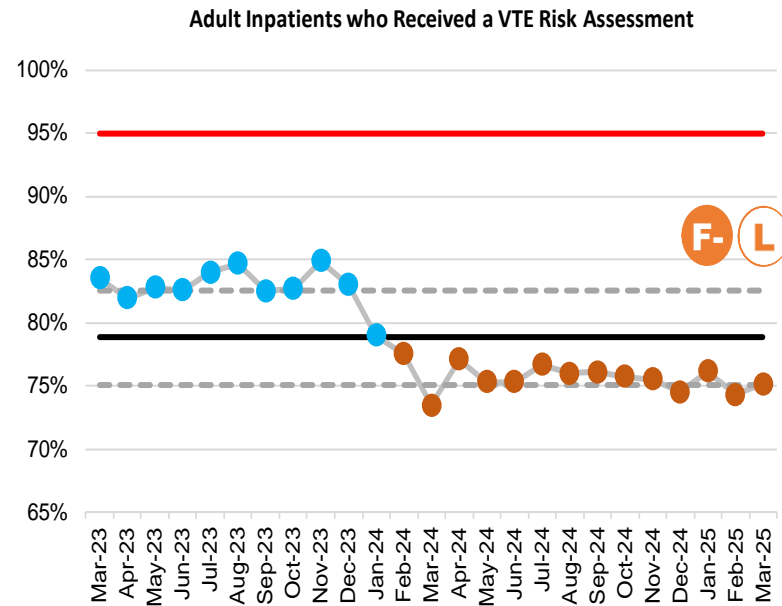
VTE Risk Assessment

VTE Risk Assessment Completion

Latest Month
Feb-25
Target
95.0%
Latest Month's Position
90.9%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit
Trust Level Risk
No Trust Level Risk



Adult Inpatients Who Received A VTE Risk Assessment



Latest Month
Mar-25
Target
95%
Latest Month's Position
75.1%
Performance / Assurance
Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.
Corporate Risk
No Corporate Risk

Summary

What does the data tell us?
VTE risk assessment completion is static for the past three months.

What is being done to improve?
In June 2022 there was a noticeable dip in VTE RA compliance, and action was taken to improve the situation. An audit of patient notes revealed that VTE forms were not consistently completed. All clinicians were reminded of the importance of completing VTE RA for all patients, with regular audit and feedback to the teams – this resulted in an overall improvement in VTE RA compliance. In February 2023, a pilot of a VTE digital assessment took place; this was successful and thus rolled out across the Trust in July 2023. Reasons for the drop in compliance are linked to the hybrid clerking process, with ‘main clerking’ on paper and VTE RA digital, and we are working towards improving compliance with regular audit, teaching and reminders

Impact on forecast
In September 2025, completion of the VTE RA will become a ‘forcing’ measure, when the digital prescribing module is initiated, and it is projected that this will improve compliance. In the meantime, the VTE team are constantly reviewing the requirement for a VTE RA for individual patients, identifying cohorts of patients who do NOT require a VTE RA, and ensuring that the data collection is accurate.

Summary

What does the data tell us?
VTE risk assessment compliance remains static, however data from pharmacy continues to confirm that our prescribing of VTE prophylaxis is consistently between 90 and 95% and our Hospital Associated VTE's remain at a level in line with national reports

Actions being taken to improve
Implementation of Careflow Medicines Management (CMM) from mid- May onwards will include the VTE risk assessment becoming mandatory prior to prescribing in all wards except admissions areas
A joint working group has been set up with NBT to align reporting and processes across organisations
Areas of special interest e.g. maternity and paediatrics have an additional workstream

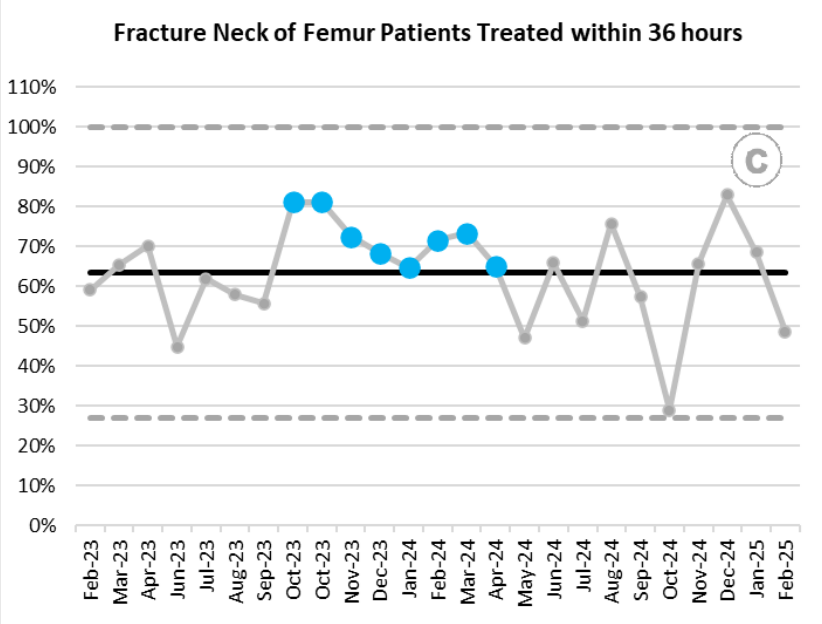
Impact on forecast
Introduction of CMM is expected to improve performance. The board is asked to note that there will be an interim reporting period where CMM is being introduced where we will need to work with the Business Intelligence Team to understand what data can be pulled and how until CMM implementation is complete.

Quality, Safety & Effectiveness

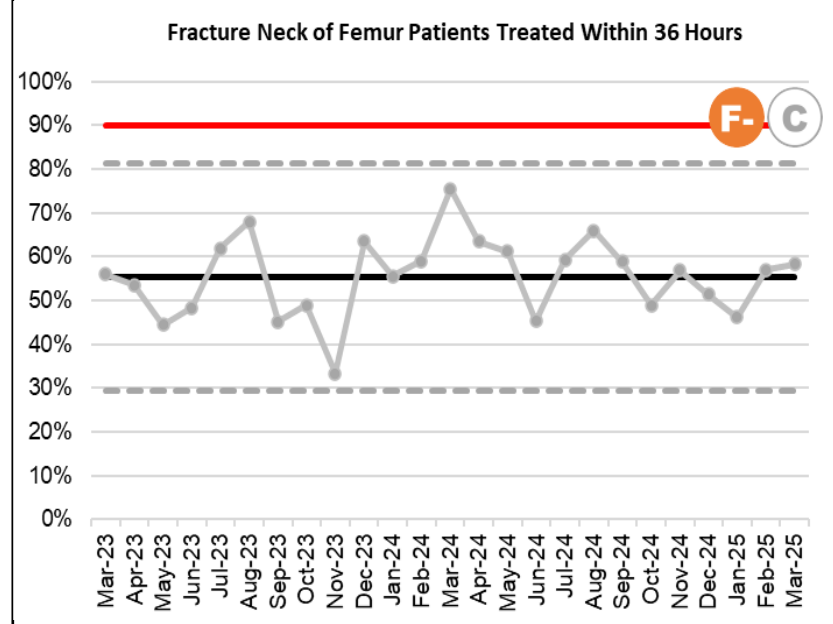
Neck of Femur

Fracture Neck of Femur Patients Treated Within 36 Hours

Latest Month
Feb-25
Target
No Target
Latest Month's Position
48.8%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit down is deterioration
Trust Level Risk
No Trust Level Risk



Fracture Neck of Femur Patients Treated Within 36 Hours



Latest Month
Mar-25
Target
90.0%
Latest Month's Position
58.3%
Performance / Assurance
Common Cause (natural/expected) variation, where target is greater than upper limit and down is deterioration.
Corporate Risk
No Corporate Risk

Summary

No narrative required as per business rules.

Summary

What does the data tell us?
 March 2025 data for Bristol and Weston sites combined shows 58.3% (28/48) patients received surgery within 36 hours and 93.8% (45/48) of patients received an ortho-geriatrician review within 72 hours, resulting in an overall Best Practice Tarriff of 52.1% (25/48) for patients treated in Bristol. The graph shows that the time the theatre target is outside of the upper control limit meaning that it is unlikely that the 90% target can be sustainably achieved within the existing processes.

Actions being taken to improve
 We have improved our processes for transferring patients and are now working much more efficiently across sites. The elective care centre at Southmead is due to be handed over in June 2025 which is intended to support a significant reduction in ambulatory trauma being operated on at the BRI. This will allow us to utilise a morning trauma list each day for femoral fragility fractures and other in-patient trauma.

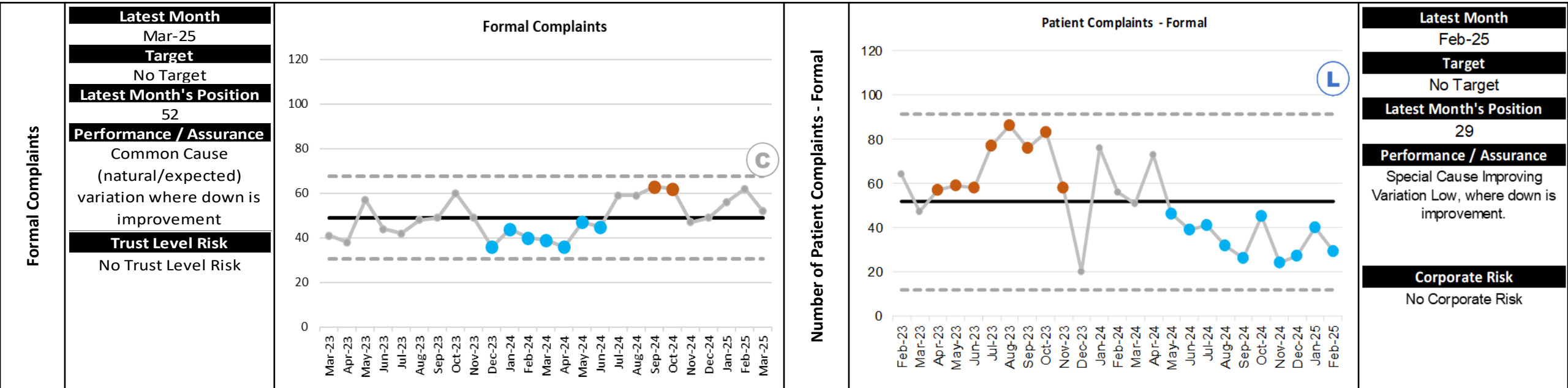
Impact on forecast
 It is expected that once the elective care centre at Southmead is up and running, time to theatre for patients with fracture neck of femur will improve, impacting overall Best Practice Tarriff achievement. Over time it is expected that the new processes will mean that the improved data for time to theatre triggers a shift in the upper control limits to above the 90% BPT target providing no new theatre capacity risks emerge.

Caring Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Caring	Friends and Family Test Score - Inpatient	NBT	Mar-25	92.0%	No Target	92.0%	N/A	C	Note Performance
		UHBW	Mar-25	96.4%	No Target	94.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Outpatient	NBT	Mar-25	95.6%	No Target	95.1%	N/A	C	Note Performance
		UHBW	Mar-25	93.6%	No Target	94.2%	N/A	C	Note Performance
Caring	Friends and Family Test Score - ED	NBT	Mar-25	68.3%	No Target	70.3%	N/A	C	Note Performance
		UHBW	Mar-25	83.5%	No Target	87.3%	N/A	C	Note Performance
Caring	Friends and Family Test Score - Maternity	NBT	Mar-25	93.7%	No Target	94.4%	N/A	C	Note Performance
		UHBW	Mar-25	98.3%	No Target	96.5%	N/A	C	Note Performance
Caring	Patient Complaints - Formal	NBT	Mar-25	52	No Target	62	N/A	C	Note Performance
		UHBW	Feb-25	29	No Target	40	N/A	L	Change Summary
Caring	Formal Complaints Responded To Within Trust Timeframe	NBT	Mar-25	80.0%	90.0%	77.8%	F	C	Escalation Summary
		UHBW	Feb-25	51.4%	90.0%	58.3%	F	C	Escalation Summary

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

Caring Complaints



Summary	<p>No narrative required as per business rules.</p>	<p>What does the data tell us? The graph indicates a pattern of reduced numbers of formal complaints since April 2024. A total of 180 complaints were received by UHBW in January 2025, 29 of which are recorded as formal, 126 as informal and 25 as PALS concerns.</p> <p>Actions being taken to improve We are exploring whether the special cause variation shown in the graph could be the result of a coding issue. There is a possibility that some cases initially coded as informal complaints may have subsequently been reassigned as formal complaints and that this has not been identified/corrected in monthly reporting. Monthly totals since April 2024 are therefore being recalculated retrospectively.</p> <p>From 1st April 2025 UHBW has also adopted NBT's taxonomy of complaints, so that formal complaints will subsequently be known as 'complaints', whilst informal complaints will become PALS concerns. These changes will be seen in the June IQPR, reporting April data.</p> <p>Impact on forecast The next monthly IQPR report may therefore show increased numbers of formal complaints.</p>
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Caring Complaints

Formal Complaints Responded To Within Trust Timeframe

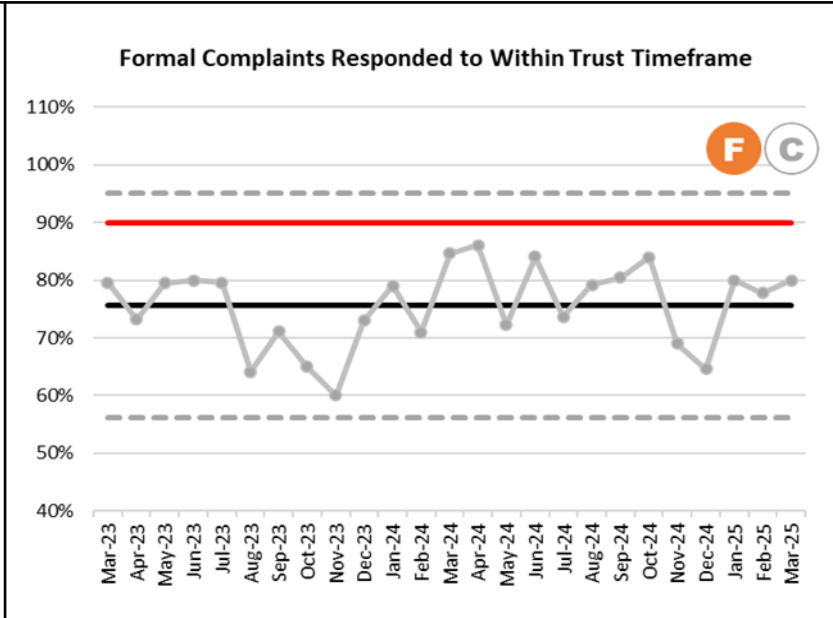
Latest Month
Mar-25

Target
90.0%

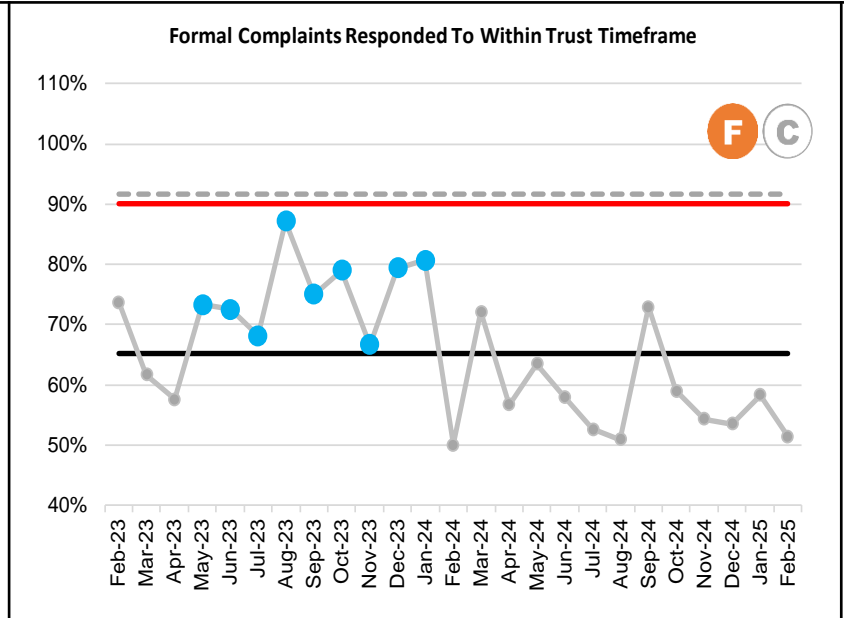
Latest Month's Position
80.0%

Performance / Assurance
Common Cause
(natural/expected)
variation where last six data points are less than target where down is deterioration

Trust Level Risk
No Trust Level Risk



Formal Complaints Responded To Within Trust Timeframe



Latest Month
Feb-25

Target
90.0%

Latest Month's Position
51.4%

Performance / Assurance
Common Cause
(natural/expected) variation where last six data points are less than target where down is deterioration.

Corporate Risk
Risk 2680 - Complainants experience a delay in receiving a call back (12)

Summary

What does the data tell us?

- The complaint compliance rate increased slightly from 78% in January to 80% in March, with compliance tracking above the mean for the last three months.
- Out of the 70 formal complaints due for response in March, 56 were closed within the agreed timescale, 11 were closed outside the agreed timescale, and 3 remained open at the time of reporting.

Actions being taken to improve

The Complaints & PALS Manager holds weekly meetings with the divisional patient experience teams to review both upcoming and overdue cases. These meetings provide an opportunity to discuss any complexities and agree on appropriate resolutions. Additionally, the Complaints & PALS Manager circulates a weekly complaints tracker to escalate overdue cases to the senior divisional management teams.

Collaborative work continues with UHBW to align complaint and PALS processes and timescales, helping to ensure more uniformed reporting. NBT will retain its 35-day timescale for complaints (to be adopted by UHBW). From 1 April 2025, NBT will adopt UHBW's 10-day timescale for PALS concerns. Further work is needed to update the timescale in Radar and adapt processes.

Summary

What does the data tell us?

51.4% of formal complaints sent out in February were responded to within the agreed deadline. However, 83.3% of informal complaints were responded to within the agreed deadline, accounting for the majority of complaints responded to in February.

Actions being taken to improve

Discussions with Divisions have highlighted the challenge of achieving the target for formal complaints and identified a range of factors which are impacting on long-term performance. These include: the increasing complexity of complaints (note: we are consciously handling cases informally where possible – by definition, this means that the remaining formal cases are likely to be complex); potentially unrealistic timescales being set at the outset (the standard 35 working days may be insufficient – benchmarking data to be gathered); lack of clinical time to respond due to operational pressures; gaps in complaints support capacity in Divisions (e.g. due to sickness); in some instances, the need for legal advice; and time taken for final Executive checking and signing (e.g. when amendments are requested from divisions). The proportion of complainants coming back to the Trust to express dissatisfaction with the investigation of their case remains relatively low: of the formal complaints sent out by UHBW in January, three (12.5%) came back dissatisfied.

Impact on forecast

Divisions remain committed to achieving timely resolution of complaints, working within available capacity.

Our People

Scorecard

CQC Domain	Metric	Trust	Latest Month	Latest Position	Target	Previous Month's Position	Assurance	Variation	Action
Our People	Workforce Turnover Rate	NBT	Mar-25	11.3%	11.9%	11.6%	P*	L	Note Performance
		UHBW	Mar 25	10.4%	12.0%	10.8%	P*	L	Note Performance
Our People	Vacancy Rate (Vacancy FTE as Percent of Funded FTE)	NBT	Mar-25	5.3%	No Target	5.6%	N/A	L	Note Performance
		UHBW	Mar 25	3.0%	5.0%	3.3%	P*	C	Note Performance
Our People	Percentage Agency Usage	NBT	Mar-25	1.4%	3.2%	1.0%	P	L	Note Performance
		UHBW	Mar 25	0.7%	1.0%	0.6%	P*	L	Note Performance
Our People	Sickness Rate	NBT	Mar-25	4.6%	4.4%	4.6%	F-	L	Escalation Summary
		UHBW	Mar 25	4.1%	4.9%	4.4%	P*	C	Note Performance
Our People	Essential Training Compliance	NBT	Mar-25	91.6%	85.0%	92.4%	P	H	Note Performance
		UHBW	Mar-25	90.7%	90.0%	90.4%	P	H	Note Performance

Assurance					Variation					
P*	P	?	F	F-	No icon	H	L	C	H	L
Consistently Passing Target	Meeting or Passing Target	Passing and Falling Short of Target	Falling Short of Target	Consistently Falling Short of Target	No Specified Target	Improving Variation	Common Cause (natural) Variation	Concerning Variation		

People

Sickness Absence

Sickness Rate	<p>Latest Month Mar-25</p> <p>Target 4.4%</p> <p>Latest Month's Position 4.6%</p> <p>Performance / Special Cause Improving Variation Low, where down is improvement but target is less than lower limit</p> <p>Trust Level Risk No Trust Level Risk</p>	<p style="text-align: center;">Sickness Rate</p>	Sickness Rate	<p style="text-align: center;">Sickness Rate</p>	<p>Latest Month Mar-25</p> <p>Target 4.9%</p> <p>Latest Month's Position 4.1%</p> <p>Performance / Assurance Common Cause (natural/expected) variation, where target is greater than upper limit where down is improvement.</p> <p>Corporate Risk No Corporate Risk</p>
	<p>What does the data tell us? The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 2024/25 of 4.4%.</p> <p>Actions being taken to improve Staff Experience Team delivering wellbeing drop ins taking staff experience offer to teams can be booked via LINK. Staff Health and Wellbeing plan being finalised for launch April 2025. April Stress Awareness month campaign underway with Lunch & Learn webinars, regular communications and resources. 4 weeks of activities including webinars: Living Our Values, What managers need to know When Managing Stress, A Compassion focussed Approach to Managing Stress.</p>	<p>No narrative required as per business rules.</p>			

Summary	<p>What does the data tell us? The Trust rolling 12-month sickness absence rate has shown statistically significant improvement but have plateaued at 4.6% against a target for 2024/25 of 4.4%.</p> <p>Actions being taken to improve Staff Experience Team delivering wellbeing drop ins taking staff experience offer to teams can be booked via LINK. Staff Health and Wellbeing plan being finalised for launch April 2025. April Stress Awareness month campaign underway with Lunch & Learn webinars, regular communications and resources. 4 weeks of activities including webinars: Living Our Values, What managers need to know When Managing Stress, A Compassion focussed Approach to Managing Stress.</p>	Summary	<p>No narrative required as per business rules.</p>
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NBT - Statement of comprehensive income at 31 March 2025

This month the Trust has delivered a delivered a £1.8m surplus, which is £1.0m better than plan. The year-end financial position for March 2025 shows the Trust has delivered a breakeven position, against a breakeven plan.

Contract income is £71.5m better than plan. This is driven by additional pass-through income of £54.2m, of which £37.4m relates to the year-end notional pension adjustment, settlement of prior year contracts has delivered a £4.6m benefit and additional service development funding, £4.7m.

Other income is £57.4m better than plan. The is due to new funding adjustments and pass through items, £49.0m favourable. The remaining £8.4m favourable variance is driven by prior period invoicing and additional activity, £4.0m favourable, and medical education funding, £3.6m favourable.

Pay expenditure is £62.7m adverse to plan. New funding adjustments, offset in income, and year-end adjustments have caused a £58.7m adverse variance, of which £37.4m relates to the notional pension adjustment. Undelivered CIP is £8.5m adverse and there are overspends on medical and nursing pay, £1.6m adverse. This is offset by AfC vacancies, £9.9m favourable.

Non-pay expenditure is £66.2m adverse to plan. Of which £44.9m relates to pass through items. This remaining adverse position is driven primarily by increased medical and surgical consumable spend to deliver activity, £6.8m adverse, and in tariff drugs, £2.7m adverse, which is supporting increased elective and non-elective activity. £10.9m is driven by items such as IT, Bristol Ambulance costs and UKHSA Activity.

	Month 12			Year to date		
	Budget	Actual	Variance	Budget	Actual	Variance
	£m	£m	£m	£m	£m	£m
Contract Income	72.6	121.2	48.6	867.9	939.4	71.5
Income	4.2	15.1	10.9	53.2	110.6	57.4
Pay	(47.7)	(89.9)	(42.2)	(577.8)	(640.5)	(62.7)
Non-pay	(28.3)	(44.6)	(16.3)	(343.3)	(409.5)	(66.2)
Surplus/(Deficit)	0.8	1.8	1.0	0.0	0.0	0.0

UHBW - March 2025

2024/25 YTD Income & Expenditure Position

Net I&E surplus for 2024/25 of £43k against a breakeven plan, an improvement of £2,527k from last month.

Total operating income is £107,263k ahead of plan due to higher than planned income from activities (£96,513k) and other operating income (£10,750k). The higher than planned position is due to income relating to top-up pension costs (£48,040k) and additional income received from ICB Commissioners and NHS England South-West Specialised Commissioning.

Total operating expenditure is £159,609k adverse to plan due to higher than planned non-pay costs of £81,732k and higher than planned pay expenditure of £77,877k. Higher than planned operating expenditure is due to a technical accounting adjustment (impairments £47,665), the inclusion of top-up pension costs (£48,040k), higher than planned staff in post, the impact of non-pay inflation, higher than planned pass-through costs and the shortfall in savings delivery.

Key Financial Issues

Recurrent savings delivery below plan – 2024/25 CIP delivery is £32,495k, behind plan by £8,705k or 21%. Recurrent savings are £19,197k.

Delivery of elective activity below plan – The outturn value of elective activity for 2024/25 is £1,396k behind plan, an improvement of £1,369k in March.

Strategic Risks

The scale of the Trust's recurrent deficit and CDEL constraint presents a significant risk to the Trust's strategic ambitions. Further work is required to develop the mitigating strategies, whilst acknowledging the Systems strategic capital prioritisation process will have a major influence and bearing on how we take forward strategic capital, including, for example, the Joint Clinical Strategy. This risk is assessed as high.

Finance

Position Statement

NBT - Statement of Financial Position at 31 March 2025

Capital spend is £64.9m for the year (excluding leases). This is driven by spend on the Elective Centre and is in line with forecast.

Cash is £77.4m at 31 March 2025, a £14.7m increase compared with Month 12 2023/24. The increase is driven by additional capital PDC income. Cash is expected to reduce significantly in the first months of 2025/26 due to the cash payment of the high level of capital spend incurred in March.

Non-Current Liabilities have decreased by £1.5m in Month 12 as a result of the national implementation of IFRS 16 on the PFI. This has changed the accounting treatment for the contingent rent element of the unitary charge which must now be shown as a liability. This change also accounts for the £69m increase in the Income and Expenditure Reserve for the year.

	23/24 Month 12	24/25 Month 11	24/25 Month 12	In-Month Change	YTD Change
	£m	£m	£m	£m	£m
Non-Current Assets	538.4	552.4	580.0	27.6	41.6
Current Assets					
Inventories	11.7	11.8	13.3	1.5	1.6
Receivables	49.8	53.7	49.0	(4.7)	(0.9)
Cash and Cash Equivalents	62.7	56.9	77.4	20.5	14.7
Total Current Assets	124.2	122.5	139.7	17.2	15.5
Current Liabilities (< 1 Year)					
Trade and Other Payables	(100.3)	(93.6)	(126.3)	(32.6)	(26.3)
Deferred Income	(14.4)	(17.7)	(11.7)	5.9	(2.7)
Financial Current Liabilities	(23.6)	(23.6)	(25.1)	(1.5)	1.4
Total Current Liabilities	(138.3)	(134.9)	(163.1)	(28.2)	(24.8)
Non-Current Liabilities (> 1 Year)					
Trade Payables and Deferred Income	(6.2)	(6.5)	(5.9)	0.6	(0.2)
Financial Non-Current Liabilities	(571.8)	(580.0)	(582.1)	(2.1)	10.3
total Non-Current Liabilities	(578.0)	(586.5)	(588.0)	(1.5)	10.0
Total Net Assets	(53.7)	(46.5)	(31.3)	15.2	22.4
Capital and Reserves					
Public Dividend Capital	485.2	516.9	533.7	16.8	48.5
Income and Expenditure Reserve	(541.8)	(610.8)	(610.8)	0.0	(69.0)
Income and Expenditure Account - Current Year	(69.0)	(24.5)	(29.3)	(4.8)	39.7
Revaluation Reserve	71.9	71.9	75.1	3.2	3.2
Total Capital and Reserves	(53.7)	(46.5)	(31.3)	15.2	22.4

UHBW - Year to Date Financial Position

In March, the Trust delivered a £2,527k surplus against the plan of break-even, bringing the cumulative position for the year to a surplus of £43k against a breakeven plan. The Trust therefore achieved the financial plan for 2024/25.

Significant operating expenditure variances in the year-to-date position include: the shortfall on savings delivery; premium pay pressures and over-establishment mainly relating to nursing and medical staff; higher than planned pass-through costs (matched by additional patient care income) and the impact of unfunded non-pay inflation.

Pay expenditure for the year is c10% higher than plan. Medical staffing costs in the Women's & Children's Division and nursing costs continue to cause significant overspends across Surgery, Specialised and Women's & Children's Division with continuing over-establishment and high nursing pay costs in total across substantive, bank and agency staff.

Agency and bank expenditure increased in month. Agency expenditure in month is £904k, compared with £714k in February. Bank expenditure in month is £5,299k, compared with £4,702k in February and £5,158k in January.

Total operating income is higher than plan by £107,263k. c£48,000k relates to pension costs paid directly to NHS Pensions, the balance due to higher than planned pass-through payments, additional commissioner funding and additional other operating income.

	Month 12			YTD		
	Plan	Actual	Variance Favourable/ (Adverse)	Plan	Actual	Variance Favourable/ (Adverse)
	£000's	£000's	£000's	£000's	£000's	£000's
Income from Patient Care Activities	92,765	157,634	64,869	1,117,867	1,214,380	96,513
Other Operating Income	10,151	12,872	2,721	121,659	132,409	10,750
Total Operating Income	102,916	170,506	67,590	1,239,526	1,346,789	107,263
Employee Expenses	(62,075)	(117,948)	(55,873)	(748,234)	(826,111)	(77,877)
Other Operating Expenses	(36,033)	(92,562)	(56,529)	(434,483)	(516,122)	(81,639)
Depreciation (owned & leased)	(3,720)	(3,585)	135	(43,713)	(43,806)	(93)
Total Operating Expenditure	(101,828)	(214,095)	(112,267)	(1,226,430)	(1,386,039)	(159,609)
PDC	(1,206)	305	1,511	(14,516)	(12,137)	2,379
Interest Payable	(244)	(255)	(11)	(2,961)	(2,695)	266
Interest Receivable	288	425	137	3,500	5,587	2,087
Net Surplus/(Deficit) inc technicals	(74)	(43,114)	(43,040)	(881)	(48,495)	(47,614)
Remove Capital Donations, Grants, and Donated Asset Depreciation	74	45,641	45,567	881	48,538	47,657
Net Surplus/(Deficit) exc technicals	0	2,527	2,527	0	43	43

Assurance and Variation Icons – Detailed Description

ASSURANCE ICON						No icon
VARIATION ICON	Consistently Passing target (target outside control limits)	Passing target	Passing and Falling short of target subject to random variation	Falling short of target	Consistently Falling short of target (target outside control limits)	No Target
	Special Cause Improving Variation High, where up is improvement and target is less than lower limit.	Special Cause Improving Variation High, where up is improvement and last six data points are greater than or equal to target.	Special Cause Improving Variation High (where up is improvement) and last six data points are hitting and missing target, subject to random variation.	Special Cause Improving Variation High, where up is improvement but last six data points are less than target.	Special Cause Improving Variation High, where up is improvement but target is greater than upper limit.	Special Cause Improving Variation High, where up is improvement and there is no target.
	Special Cause Improving Variation Low, where down is improvement and target is greater than upper limit.	Special Cause Improving Variation Low, where down is improvement and last six data points are less than target.	Special Cause Improving Variation Low (where down is improvement) and last six data points are both hitting and missing target, subject to random variation.	Special Cause Improving Variation Low, where down is improvement but last six data points are greater than or equal to target.	Special Cause Improving Variation Low, where down is improvement but target is less than lower limit.	Special Cause Improving Variation Low, where down is improvement and there is no target.
	Common Cause (natural/expected) variation, where target is less than lower limit where up is improvement, or greater than upper limit where down is improvement.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is improvement, or less than target where down is improvement.	Common Cause (natural/expected) variation where last six data points are both hitting and missing target, subject to random variation.	Common Cause (natural/expected) variation where last six data points are greater than or equal to target where up is deterioration, or less than target where down is deterioration.	Common Cause (natural/expected) variation, where target is less than lower limit where up is deterioration or greater than upper limit where down is deterioration.	Common Cause (natural/expected) variation with no target.
	Special Cause Concerning Variation High, where up is deterioration but target is greater than upper limit.	Special Cause Concerning Variation High, where up is deterioration, but last six data points are less than target.	Special Cause Concerning Variation High, where up is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation High, where up is deterioration and last six data points are greater than or equal to target.	Special Cause Concerning Variation High, where up is deterioration and target is less than lower limit.	Special Cause Concerning Variation High, where up is deterioration and there is no target.
	Special Cause Concerning Variation Low, where down is deterioration but target is less than lower limit.	Special Cause Concerning Variation Low, where down is deterioration but last six data points are greater than or equal to target.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are both hitting and missing target, subject to random variation.	Special Cause Concerning Variation Low, where down is deterioration and last six data points are less than target.	Special Cause Concerning Variation Low, where down is deterioration and target is greater than upper limit.	Special Cause Concerning Variation Low, where down is deterioration and there is no target.

KEY
Note Performance
Constitutional Standards and Key Metrics = Escalation Summary