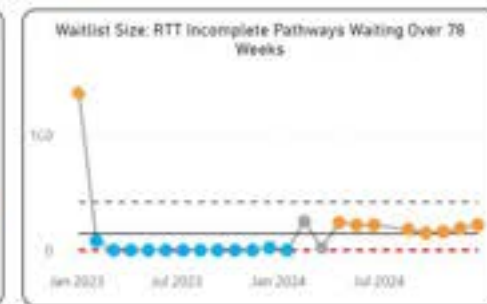
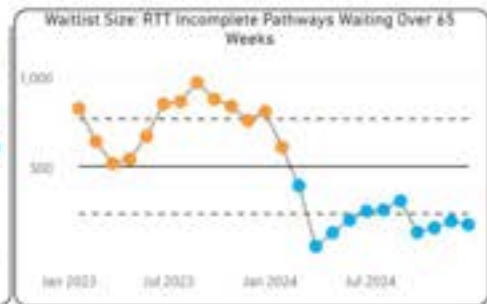
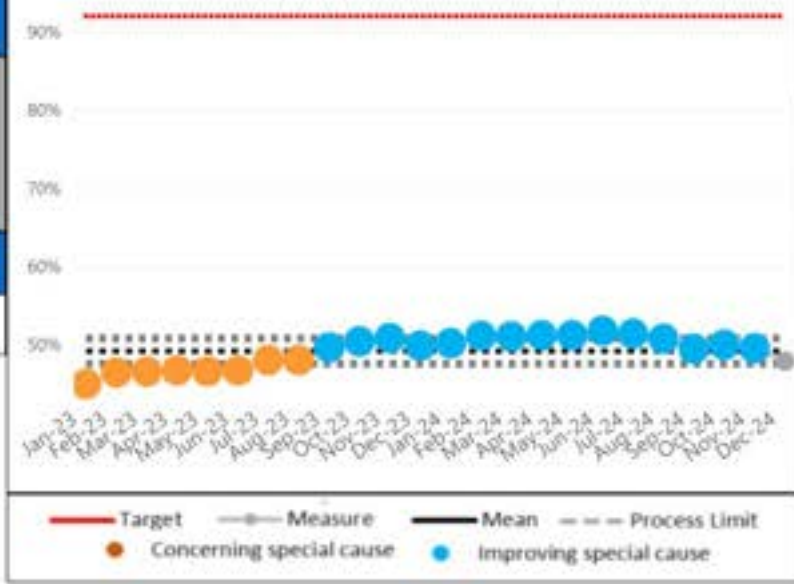


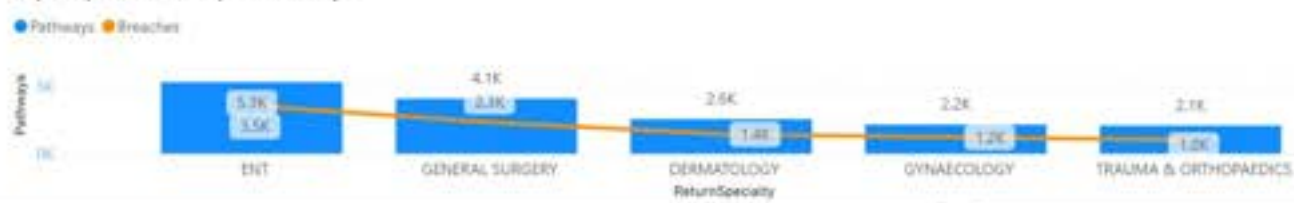
Metric ID	Metric	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Dec-24	0	🟢	🟢	0	-1.72	0.708	3.14
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Dec-24	2189	🟡	🟡	0	1.987	2429	2,871
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Dec-24	183	🟡	🟡	244	507	771	
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Dec-24	22	🟡	🟡	0	-13.0	14.4	41.9
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Dec-24	33879	🟢	🟢	40000	31,723	33,310	34,897

RTT: 18 Week Referral To Treatment (RTT) Incomplete Pathways

Dec-24
47.9%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
92%



Top 5 Specialties - Open Pathways



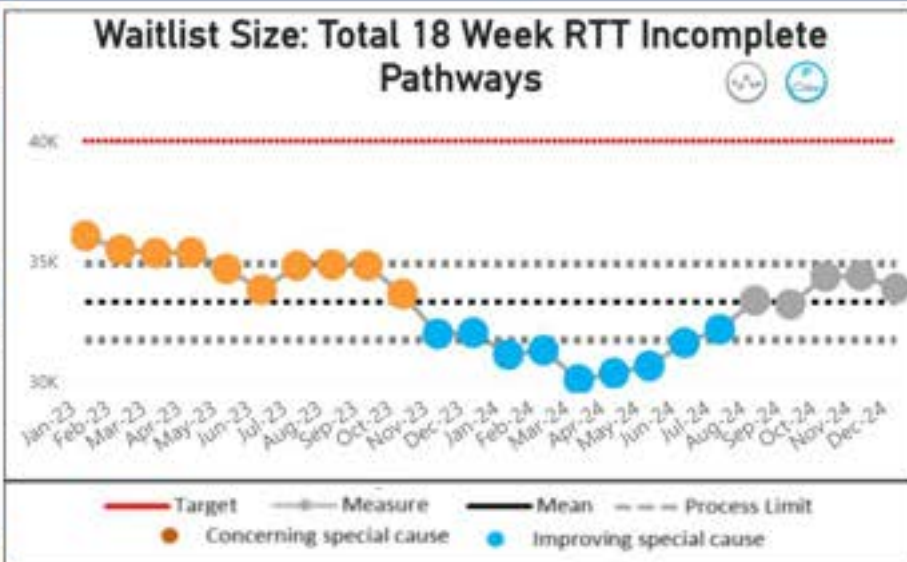
RTT Narrative

Overall performance at end of December delivered at 47.8% against 92% target, which is consistent with the previous month's position. Waiting list size has reduced slightly from the previous month.

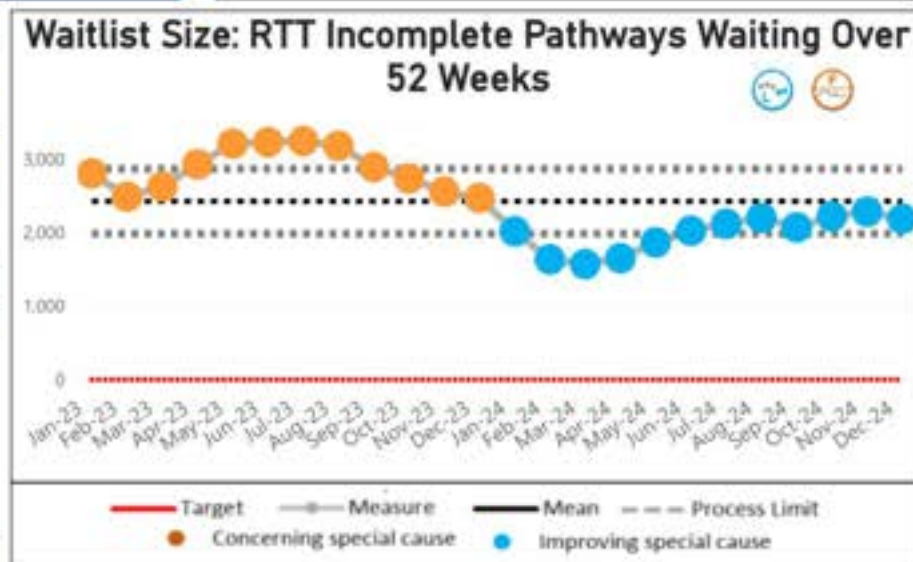
The Trust continued to ensure that there are minimal RTT pathways waiting longer than 78 weeks. In addition, Divisions are managing their waiting times with the aim of reducing long waits to no pathways greater than 65 weeks on a month to month basis.

The latest National Comparator for this metric is 59.1% (Nov 24)

Dec-24
33879
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
40000

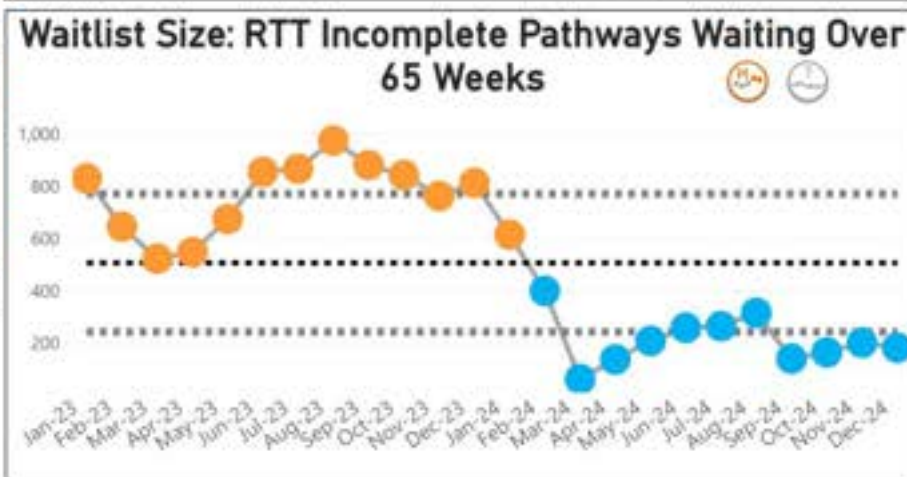


Dec-24
2189
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0

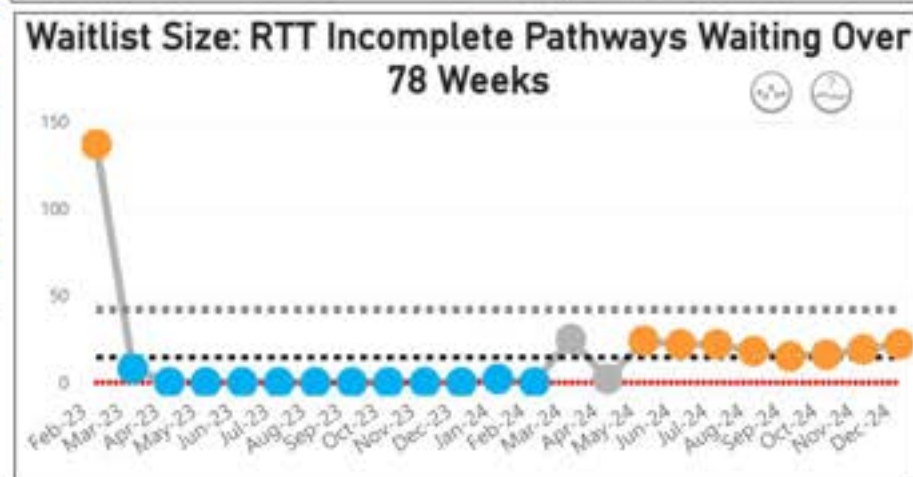


Dec-24
22
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0

Dec-24
183
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



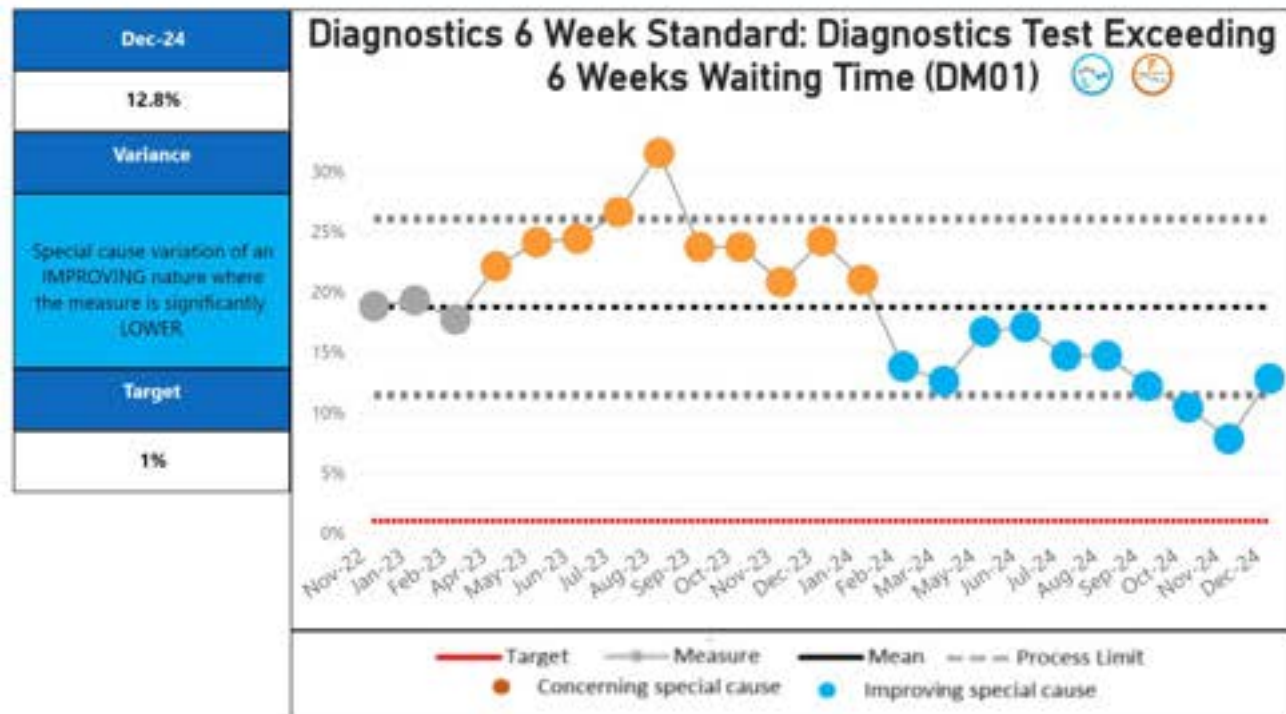
Dec-24
183
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



Waitlist Size Narrative

The overall Waitlist Size has decreased slightly this month and remains above the mean, we have seen an increase in 8 out of the last 10 months, if this trend continues we will go from showing a statistically significant improvement due to being below the mean, to a statistically significant increase due to consecutive points in an upwards trajectory.

The metrics for our long waiters have stayed consistent and continue to show improvement across all metrics.



English - Number of exams >6 weeks

Month End Snapshot	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Magnetic Resonance Imaging	13	24	7	8	10	11	8	2	4	2	7	14	13
Computed Tomography	3	6	1	2	3	4	0	0	4	0	2	8	14
Non-obstetric ultrasound	15	13	9	7	6	4	1	0	7	6	115	49	311
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
Audiology - Audiology Assessments	91	95	91	150	184	215	169	102	70	61	40	36	74
Cardiology - echocardiography	134	142	108	272	416	333	340	203	215	112	30	36	62
Respiratory physiology - sleep studies	85	59	5	3	3	1	3	0	3	4	7	2	6
Colonoscopy	486	381	248	148	157	162	198	213	165	132	83	44	54
Flexi sigmoidoscopy	43	18	7	6	6	3	6	7	11	6	3	5	8
Cystoscopy	97	43	32	20	12	5	10	17	19	82	52	24	5
Gastroscopy	420	374	259	84	148	193	232	272	267	305	273	224	211
Total patients waiting	5738	5508	5566	5576	5588	5564	5645	5543	5198	5822	5903	5660	5916
Total breaches	1387	1155	767	700	945	931	967	817	765	710	612	442	758
% > Threshold	24.2%	21.0%	13.8%	12.6%	16.9%	16.7%	17.1%	14.7%	14.7%	12.2%	10.4%	7.8%	12.8%

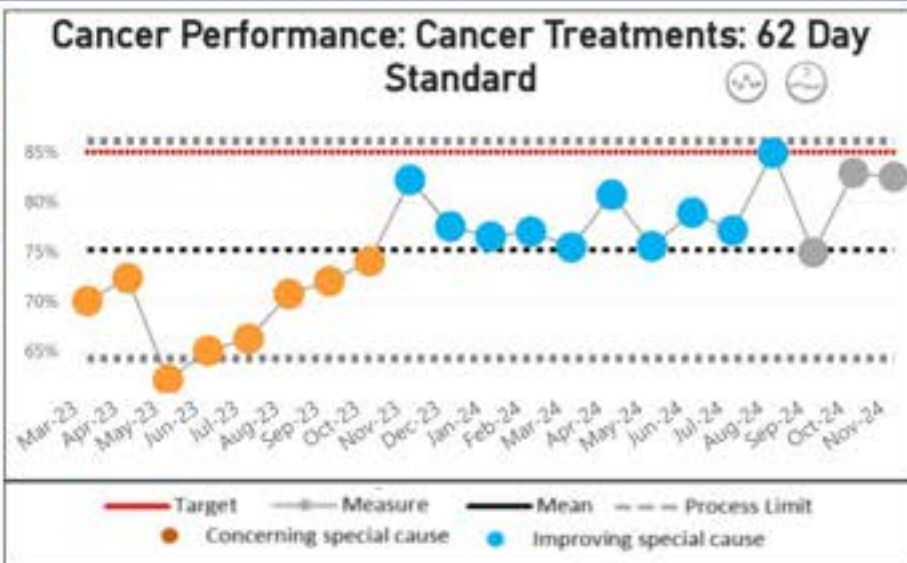
DM01 Narrative

Audiology – DM01 position remains impacted by unfilled vacancies within the team and divisional prioritisation of clinical work to support ENT recovery and in particular, reduction of ENT RTT Long waiters.

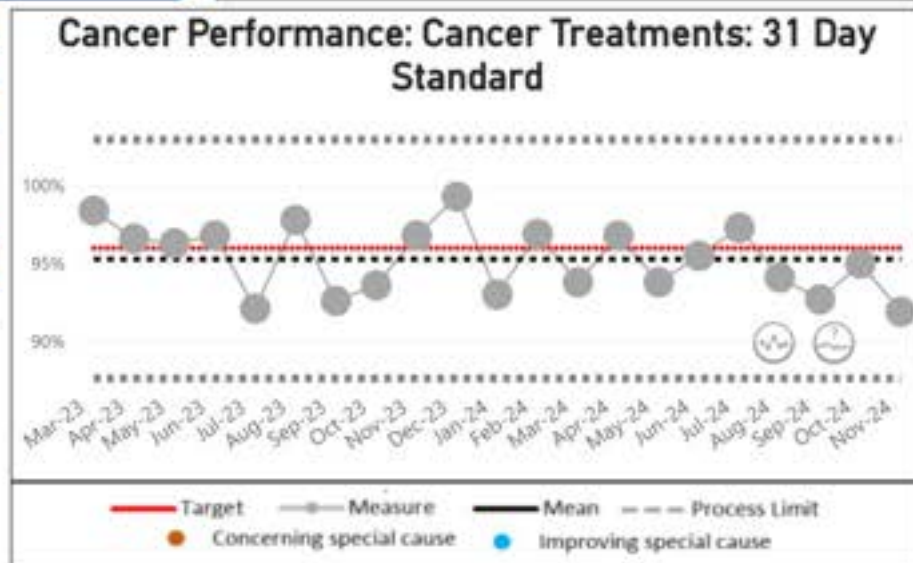
The Trust has now seen a run of 9 points below the mean from February to November, the last 2 months have also been a statistically significant improvement due to being below the Lower Control Limit and work continues to ensure patients are being seen in a timely fashion.

The latest National Comparator for this metric is 19.9% (Nov 24)

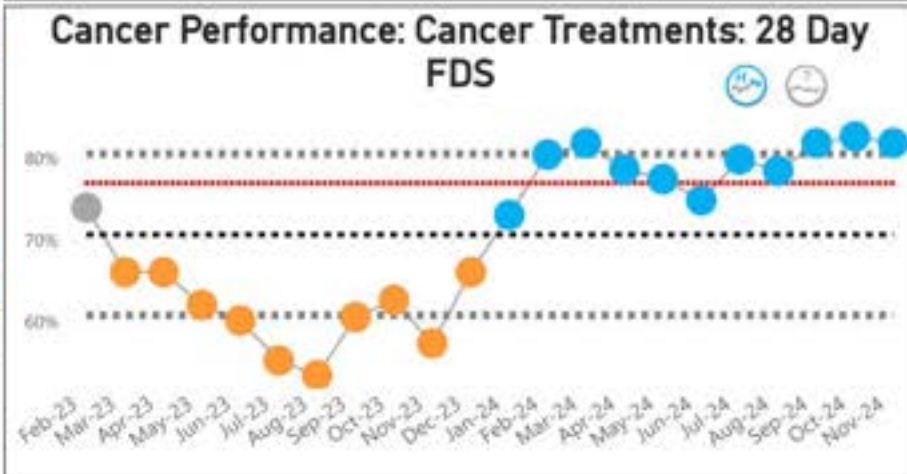
Nov-24
82.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
85%



Nov-24
91.9%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
96%



Nov-24
81.9%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H.L.
Target
77%



Cancer Narrative

The Cancer 62 day standard has reduced very slightly since last month and is now only slightly below the target, we remain showing a statistically significant improvement for Cancer 62 from May-23 to October-24. The Cancer 31 Day standard has decreased slightly this month and now but continues to sit below the mean and target respectively. The Cancer 14 standard has been removed after being scrapped nationally. Cancer 28 Day FDS shows a statistical significant increase for all of 2024 where we are above both the Upper Control Limit in the reporting month as well as above the target of 77% consistently in 2024. The latest National Comparator for the Cancer 62 Day Standard is 69.4% (Nov 24) The latest National Comparator for the Cancer 31 Day Standard is 91.0% (Nov 24) The latest National Comparator for the Cancer 28 Day Standard is 77.4% (Nov 24)

Highlights:

Turnover continues to perform below 10% at 9.17% and stable.

Sickness absence has worsened increasing to 6.53% - Stress and Anxiety continues to remain the highest sickness reason.

Mandatory Training compliance decreased to 88.5% - remaining below the 90% target.

Appraisal compliance reached target at 80.5% - a further analysis is underway to identify non-compliance.

Agency shifts for Nursing decreased to 171 in December but is 79 more shifts than previous 12 months – spend at 0.7% of total nursing pay bill.

Agency shifts for M&D decreased with 95 in month which is 54 less shifts than the previous 12 months – spend at 3.5% of total M&D pay bill.

Agency spend for YTD is £3,484k which is \$1,379k less than the same period last year.

Areas of Concern:

Sickness absence has increased to 6.53% with LTA remaining consistently above 3.50% for 12 months.

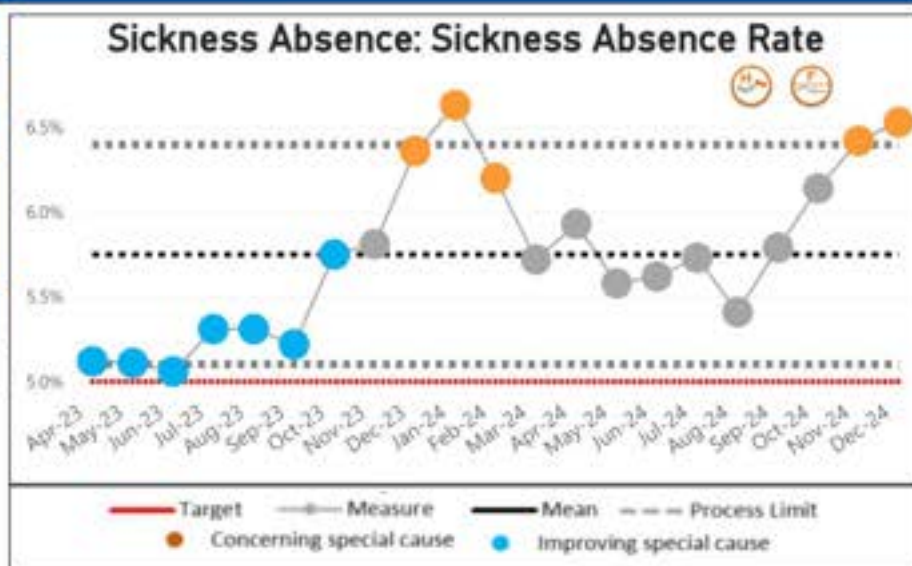
M&D Agency shifts – 17 were approved 'Off Framework'

Forward Look (with Actions):

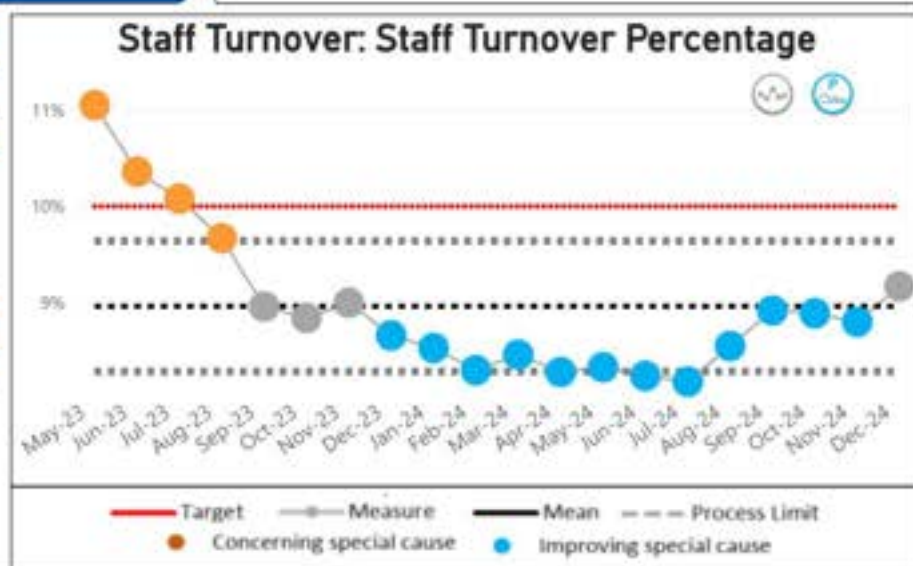
Increased monitoring of sickness and establishment of clear plans to improve attendance.

CIP and Variable pay controls in progress to reduce pay costs.

Dec-24
6.53%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER
Target
5%



Dec-24
9.17%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
10%



Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	20.98%
Additional Clinical Services	11.89%
Administrative and Clerical	12.46%
Allied Health Professionals	6.59%
Estates and Ancillary	7.79%
Healthcare Scientists	9.38%
Medical and Dental	7.18%
Nursing and Midwifery Registered	5.12%
Trust Rate	9.17%

Sickness Narrative

Sickness absence increase further in December to 6.53%, up from 6.42% in November. The top 3 reasons for absence were: Stress & Anxiety; Cold, Cough, Flu – Influenza and Other musculoskeletal problems. This equates to 4928.61 FTE days lost which is 55.3% of all Trust sickness absence. Stress and Anxiety absence accounts for 31.8% of all sickness absence.

Short Term Absence

- Short term accounts for 2.24 % in December increasing on the previous month.

Long Term Absence

- At 4.29% Long Term remains high and increasing
 - Stress and Anxiety continues to be the highest reason
- Long term absence (28 days+) remains a persistent issue, with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

Staff

At 9.17% for December the Trust Turnover rate has increased but continues to trend below target since July 2023. The rate based on FTE is below target at 8.89%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 3 staff groups remaining above target: Add Prof Scientific (20.98%) and Additional Clinical Services (11.89%), and Admin & Clerical (12.46%).

Planned Remedial Actions:

Turnover performance is being monitored by the People Committee and sub-groups providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention.

Sickness Narrative

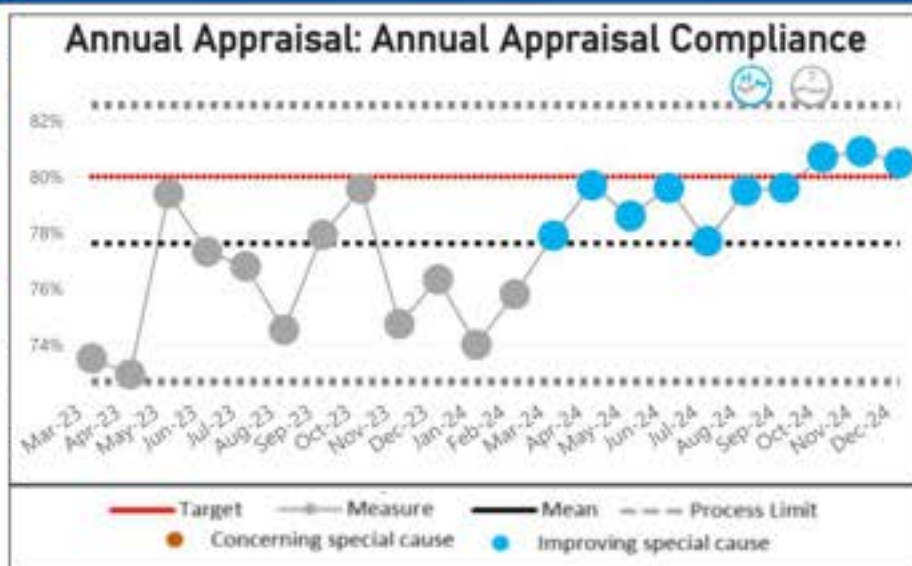
Long term absence (28 days+) remains a persistent issue, with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

Proposed Actions

The overall position has worsened further in December and requiring a clear approach to reduce. Absence through stress and anxiety remains a consistent issue.

2 x Attendance Management Co-Ordinator roles are currently being recruited to for 6 months, with aim to provide support in reduction of absence.

Dec-24
80.5%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
80%



Dec-24
90%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
90%



Appraisal Narrative

Appraisal compliance in December remained above target at 80.49%, this has fallen from November but remains above target.

Further improvement will focus now on increasing compliance above 90%.

Planned Remedial Actions:

A new Appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance. The impact of this new approach is being monitored by People Committee. Analysis on appraisal compliance is underway to establish areas of improvement, this will be provided to People Committee in December.

Position	Division	Compliance
1	IMT	92.16%
2	Therapies & Integrated Community Care	90.17%
3	Finance & Performance	85.96%
4	Diagnostics & Clinical Support	85.58%
6	Womens & Childrens	81.12%
7	Urgent Care	79.90%
8	Planned Care	78.45%
9	Estates & Facilities	74.22%
10	People Services	73.33%
11	Nurse Management	57.65%
12	Corporate Non-Clinical	47.37%
Trust Total		80.49%

Mandatory Training Narrative

This report covers the 10 subjects mandated by NHSE in the CSTF and monitored by the trusts mandatory training group, any subject with separate governance arrangements is reported separately.

Trust compliance has increased slightly in December, up from 88.2% to 88.45%. Whilst remaining just under our target of 90% this represents highest compliance since the matrix was included on the BAF. Improvements have been driven by increasing capacity in the system, both by increasing spaces on each mandatory training day and supporting individual subject leads to provide additional standalone sessions.

Attendance at training is closely monitored, remaining a challenge with an average non-attendance rate of 25% on pre booked courses. However, this is an improvement compared to the start of 2024 when a nonattendance rate of up to 50% was common.

Feedback is completed electronically utilising a scannable bar code and available for all subject leads to access. Session content is reviewed and updated to highlight any learning identified within the trust F2F training continues to be supported by E-learning where acceptable within the CSTF.

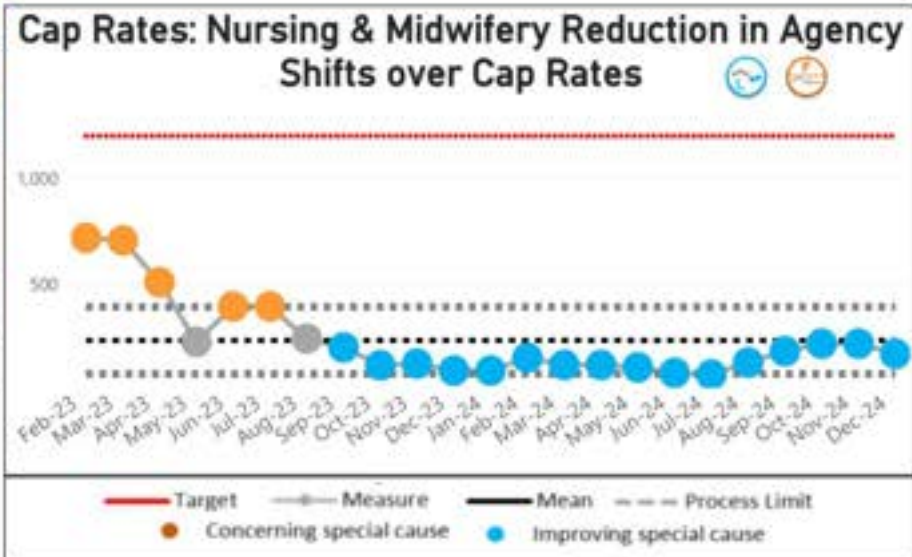
Planned Remedial Actions:

Capacity continues to be monitored, and additional spaces made available if necessary

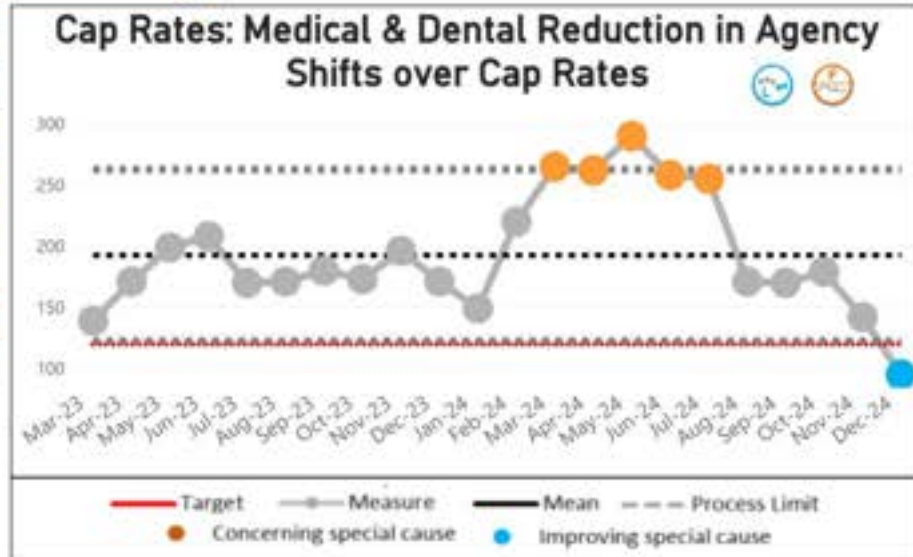
Position	Division	Compliance
1	IMT	96.87%
2	Finance & Performance	96.51%
3	People Services	93.71%
4	Womens & Childrens	93.07%
6	Therapies & Integrated Community Care	91.14%
7	Diagnostics & Clinical Support	90.82%
8	Planned Care	88.72%
9	Corporate Non-Clinical	88.51%
10	Nurse Management	87.53%
11	Urgent Care	87.43%
12	Estates & Facilities	72.59%
Trust Total		88.45%

Position	Division	Compliance
1	Diagnostics & Clinical Support	97.47%
2	Therapies & Integrated Community Care	95.92%
3	IMT	92.33%
4	People Services	88.89%
6	Estates & Facilities	88.24%
7	Nurse Management	81.33%
8	Finance & Performance	75.00%
9	Womens & Childrens	75.00%
10	Urgent Care	73.89%
11	Planned Care	60.55%
12	Corporate Non-Clinical	46.67%
Trust Total		77.88%

Dec-24
171
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
1200



Dec-24
95
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



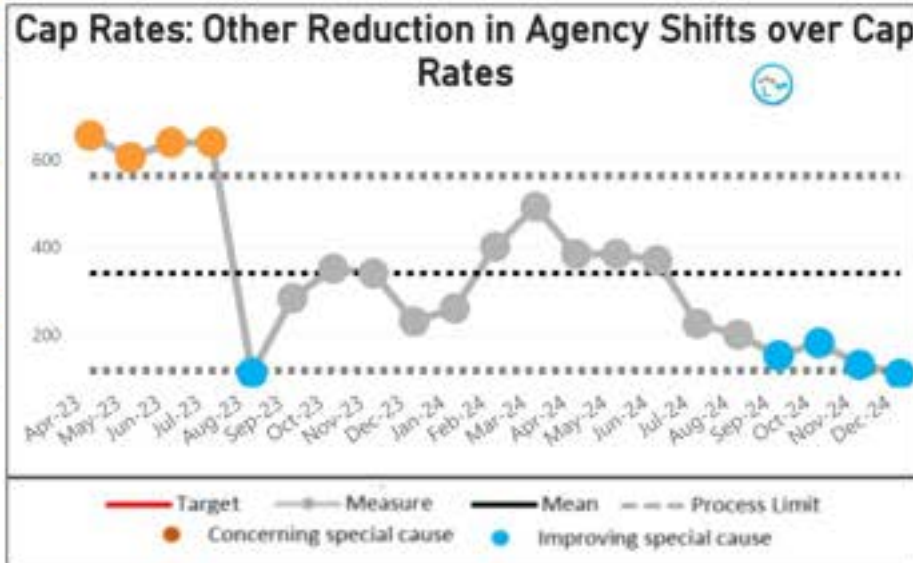
Cap Rates Narrative

Medical & Dental - Month 9 shows 95 Medical shifts. A difference of -54 from the previous year. 76 were above cap rates and 17 were Off Framework

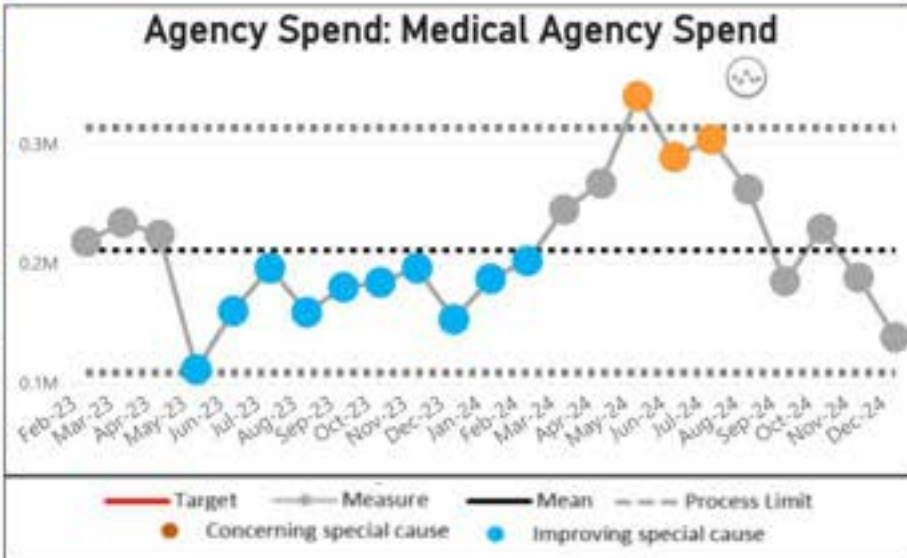
Nursing & Midwifery - In relation to Nursing shifts, 171 shifts were approved in Month 9 and 87 were above cap. A difference of +79 from the previous year.

Other reduction in Agency - For M9 110 'Other' agency shifts were approved, a decrease of 120 on previous year. 38 were above cap. Of these 50 were HCA shifts and 47 were ST&T shifts.

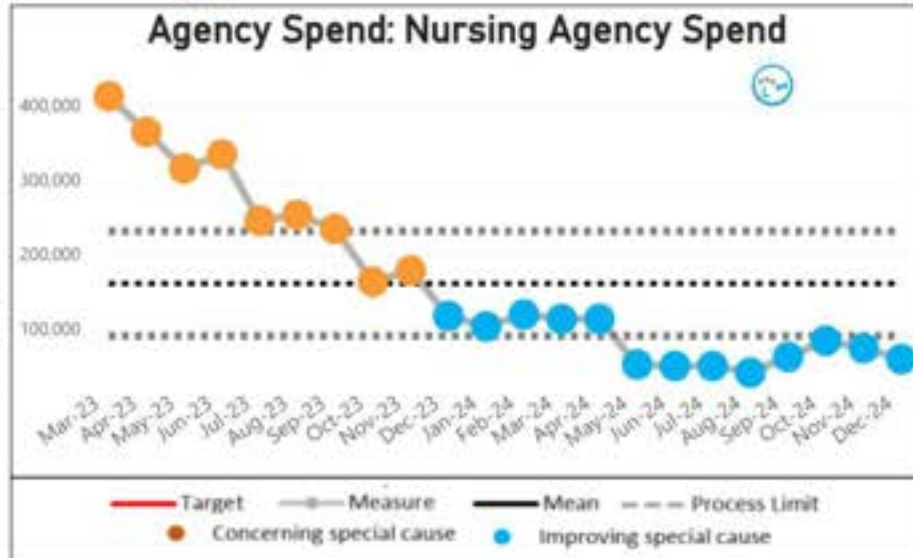
Dec-24
110
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



Dec-24
138000
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
1200



Dec-24
59000
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120



Agency Spend Narrative

Medical Agency Spend – Agency medical expenditure for M9 is £138k and £2202k spent YTD, which is 3.5% of the total medical spend.

Nursing Agency Spend – Agency nursing expenditure for M9 is £59k and £569k spent YTD, which is 0.7% of total nursing spend

Staff Group	Agency Spend YTD to M9	Total Pay Group Spend YTD to M9	% Agency
Medical	2,202	62,589	3.5%
Nursing	59	79,028	0.7%
Scientific, Therapeutic & Technical	80	28,861	2.8%
Admin & Clerical	124	26,249	0.5%
Other	-	9,137	0%
TOTAL PAY	5,464	365,664	1.7%



Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	43.13
Of which Registered Midwife Vacancy WTE	12.16
Total Qualified AHP Vacancy WTE	16.56
Of which Qualified Physiotherapist Vacancy WTE	7.47
Of which Qualified Occupational Therapist Vacancy WTE	0.00
Qualified Podiatry Vacancy WTE	0.00
Qualified Diabetes Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	0.01
Qualified Orthotics/Optics Vacancy WTE	0.02
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	0.00
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	60.80
Of which Medical/Dental Consultant Vacancy WTE	10.10
Support to Clinical Staff Vacancy WTE	115.86
Of which Healthcare Assistant Band 2	74.20
Of which Healthcare Assistant Band 3	7.64
NHS Infrastructure Vacancy WTE	91.95
Other Registered Scientific, Therapeutic and Technical Staff	7.85
Total Vacancies	335.49
Budgeted FTE Total	4780.37
Trust Vacancy Rate	7.09%

Agency Spend by Staff Group	19/24	20/23	21/22	22/23	23/24	24/25	Straight Line projection for year
Medical	£ 2,198,254	£ 2,092,983	£ 3,194,149	£ 2,349,257	£ 2,172,943	£ 2,204,149	£ 2,836,199
Nursing	£ 420,470	£ 3,348,196	£ 3,204,893	£ 12,884,418	£ 2,037,732	£ 368,724	£ 758,289
Scientific, Therapeutic & Technical	£ 309,428	£ 160,426	£ 198,886	£ 828,686	£ 197,726	£ 385,990	£ 788,527
Admin & Clerical	£ 38,823	£ 191,116	£ 642,783	£ 1,806,333	£ 618,838	£ 121,849	£ 389,523
TOTAL	£ 2,875,984	£ 3,792,821	£ 11,371,991	£ 17,968,731	£ 4,807,238	£ 3,480,712	£ 4,863,140
Total Pay Bill	£ 178,577,868	£ 218,177,868	£ 334,604,896	£ 362,348,896	£ 274,260,217	£ 361,848,818	
Agency spend as a % of total Pay Bill	1.7%	1.8%	4.9%	8.0%	2.2%	1.1%	

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total agency spend at month 9 is £3484k, which is 1.7% of total pay spend. £4863k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	7.05	3.47%
Additional Clinical Services	115.86	3.67%
Administrative and Clerical	12.89	3.19%
Allied Health Professionals	18.50	3.86%
Estates and Ancillary	79.21	11.27%
Healthcare Scientists	4.20	4.41%
Medical and Dental	60.80	10.24%
Nursing and Midwifery Registered	43.13	3.11%
Grand Total	335.49	7.09%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	●	The Trust delivered a £16.3 million deficit against a planned deficit of £8.6 million at month 9
CIP	●	CIP is £5.7 million behind plan at Month 9 Only recurrent savings are being actioned
Capital Expenditure	●	Capital expenditure is in line with plan
Cash in bank - £'000	●	The Month 9 cash position is £6.3 million, including £13.6 million central cash revenue support received year to date.
Liquidity (days)	●	The Trust has the equivalent of 6 days cash in the bank
Better Payment Practice Code (number)	●	95.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	●	95.1% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

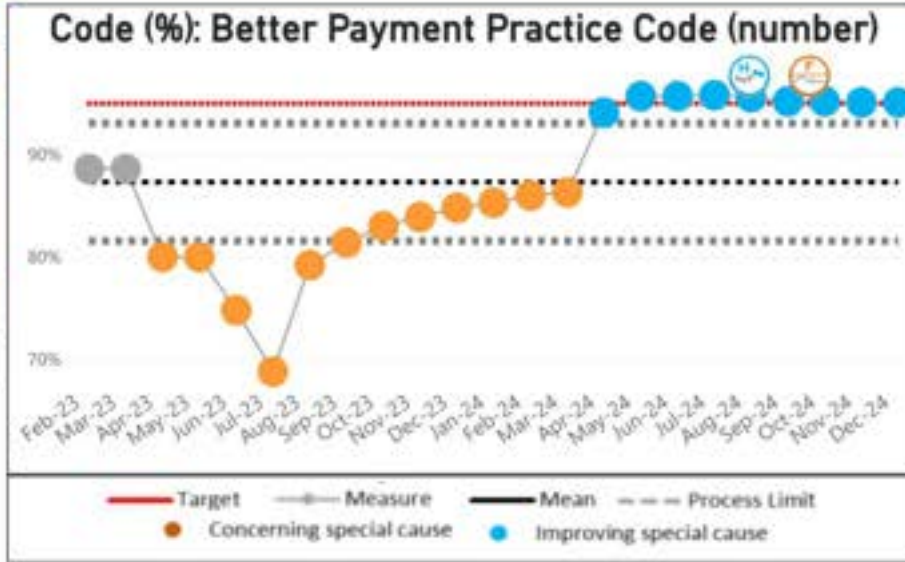
Highlights: At month 9, there was a planned deficit of £8.6 million (after non-recurrent revenue cash support), against which the Trust reported an actual deficit of £16.3 million, an adverse variance to plan of £8.6 million. This is largely due public inquiry costs of £5.1million, a shortfall in pay award funding received generating a YTD pressure of £1.3m and pressures relating to industrial action in June and July of £1million (for which £0.3 million funding has been received). NHS England have confirmed that funding in relation the public inquiry will be received in month 10. The annual planned financial deficit for 2024/25 is £23.6 million with £19.6 million (5%) of savings required to be delivered with a further stretch target of £6.5 million. The trust received a revenue cash support allocation from Cheshire & Merseyside Integrated Care Board (C&M ICB) of £14 million and therefore the revised annual planned deficit is now £9.6 million

Forecast: The month 9 forecast is a deficit of £13.9 million, compared to an adjusted planned deficit of £9.6 million. The month 9 forecast reflects funding that has now been confirmed in relation to the public inquiry. £2.5m mitigations would be required to deliver the agreed financial plan (removing the impact of the pay award pressures) with this increasing to £4.3m to mitigate the impact of the pay award. Additional grip and control measures are being introduced to mitigate the current forecast gap from delivering plan. The risks around successful delivery of the financial plan are costs associated with delivering winter pressures over and above those already assumed within the forecast. There is also a risk that CIP delivery is less than assumed within the forecast, although full CIP delivery is not assumed within the forecast. Despite the risks there is still a reasonable degree of confidence that the financial plan can be delivered with the agreed mitigations. The Trust has reviewed available mitigations it can put in place to support delivery of the agreed financial position, including acceleration of CIP delivery (using targeted support and prioritisation), increasing productivity and identification of additional CIP schemes to support in-year delivery.

Areas of concern: Although pay expenditure is underspent at month 9, due to vacancies in nursing, admin and ancillary staffing, medical expenditure continues to be a pressure, Non-pay reported a YTD overspend of £8.7 million at month 9, excluding CIP. The key drivers of this are the enquiry £4.8m (for which funding has now been agreed), building and engineering, medical & surgical spend, laboratory spend, drugs spend and other legal fees expenditure (due to coroners and employment tribunal cases). Non delivery of CIP equates to £5.7m at month 9, which is a key driver of the Trusts underlying adverse financial performance.

Forward look: Enhanced grip and control measures have been implemented in 24/25, which includes the signing off of budgets by budget holders and an enhanced escalation process for areas reporting an overspend against plan and enhanced pay control process and weekly panel. A weekly CIP delivery group is in place, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group. Work is being undertaken on 2025/26 financial planning as well as the 5-year financial plan with the aim to return to financial balance over this time.

Dec-24
95.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



Dec-24
95.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart, which is made up of two charts. Usually, as can be seen to the right, only the main X chart is displayed. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

The distance between the mean and both process limits is determined by how much change there is between consecutive data points using a calculation called three sigma. In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation. The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Recalculations

After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after the recalculation. This gives a more accurate reflection on the system as it currently stands to allow for further variation to possibly be identified, and to show how the new level of variability compares to a target if set.

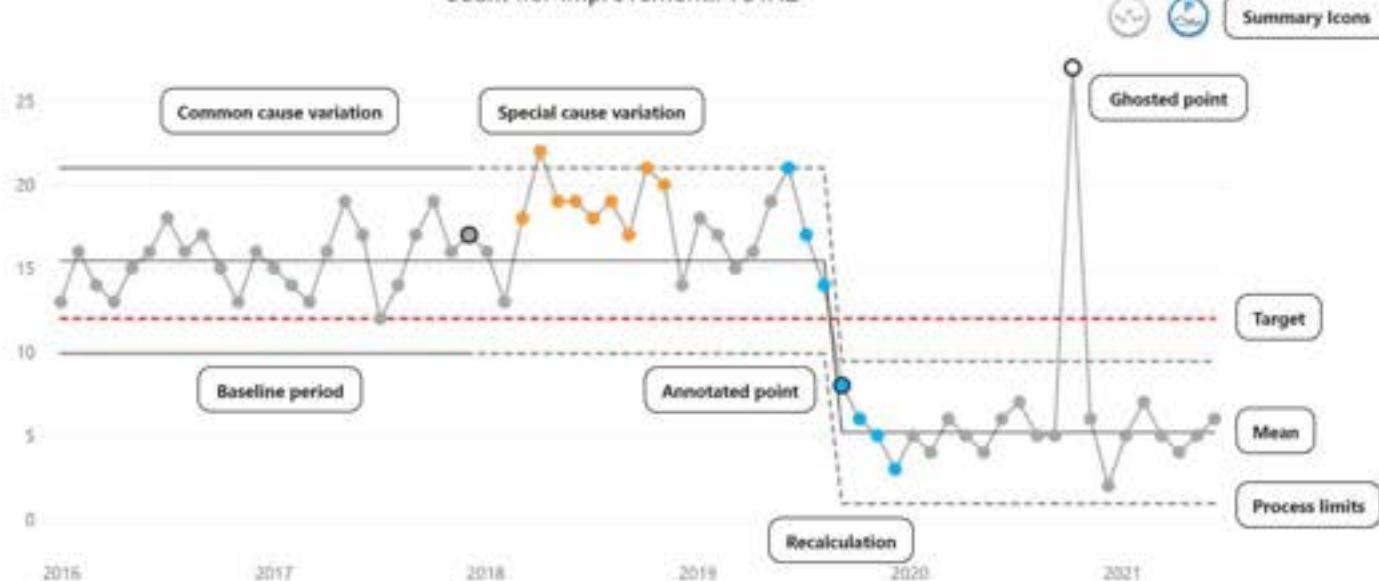
Baselines

Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

Summary icons

Summary icons are shown in the top-right of the chart and explained on the [Icon Descriptions](#) page.

Count (for improvement): TOTAL



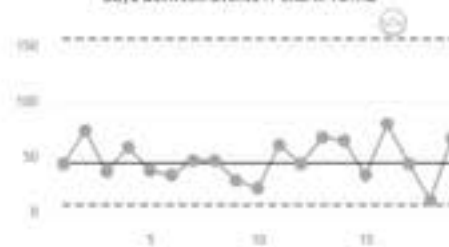
Ghosting

There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on the chart as a white dot but is excluded from all calculations.

Annotations

If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.

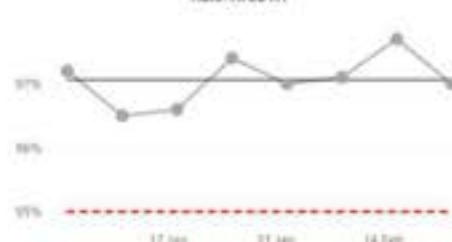
Days Between Events IT charts: TOTAL



T chart & G chart

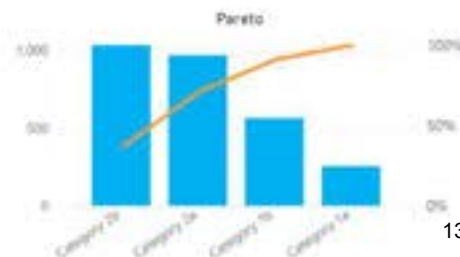
If you have rare events data, a T chart or a G chart works better than the common XmR chart. In these charts, each incident is plotted as a dot to show if they are getting more or less frequent. Incident number is listed at the bottom, instead of dates, and the process limits are not symmetrical about the mean.

Rate: Area A1



Not enough data points?

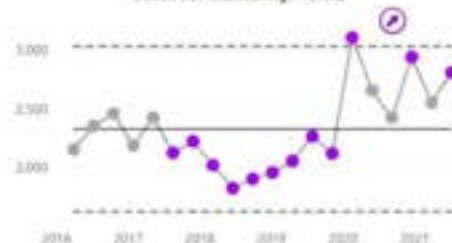
An SPC chart requires enough data to calculate the process limits for a robust analysis. If there are too few data points, the SPC elements of the process limits, baseline, coloured dots, and summary icons are not displayed.



Pareto chart

A Pareto chart shows which areas are the largest to focus attention where it will have the biggest impact. The areas are ranked in descending order with an increasing line chart overlaid, showing how the proportion of the largest X areas increases as more are added – that is, how big an impact focussing on the largest X areas will have.

Count (for monitoring): TOTAL



Purple dots

It is not always possible to say that higher values are better or worse, for which purple dots are used instead of blue and orange. The variation icon is also purple and there can be no assurance icon as a target does not make sense in these situations.