Sandwell and West Birmingham Hospitals NHS Trust

Board Level Metrics & IQPR Exceptions

INTEGRATED PERFORMANCE REPORTING – MARCH 2022

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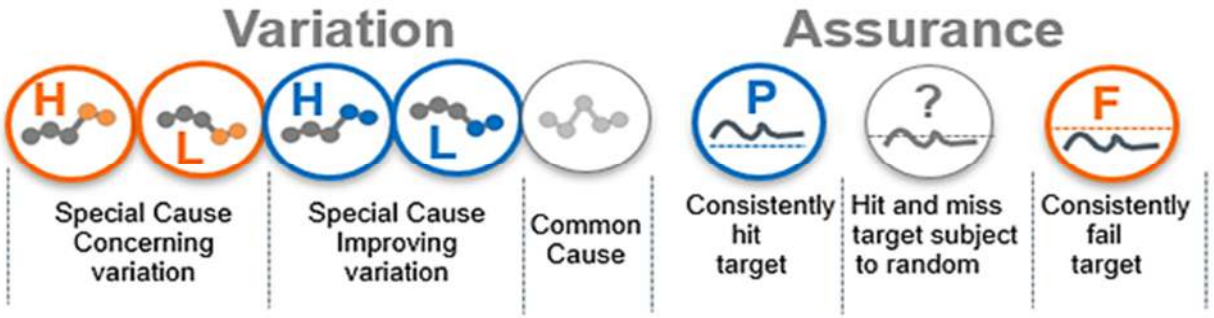
Board Level Metrics	Development Update	
Domain	**Finalised**	**Amendment / work to be done.**
Safe Chief Medical Officer Chief Nurse Officer	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Safe Staffing (doctors), MRSA Screening - Elective, MRSA Screening - Non Elective	
Caring Chief Nurse Officer	Friends & Family Test (FFT) Recommended% and Responded% Perfect Ward – Average Score, Perfect Ward – Number of Inspections	There are 8 friends and family tests. We are only producing information on 5 of these, we have amended the combined Friends and Family test indicator to only use the 5 scores, this has altered the score.
Responsive Chief Operating Officer	Emergency Care – 4 hour wait, Emergency Care Attendances. Cancer 62 Day. RTT Incomplete Pathway (18 weeks),	PCCT have revised what is counted in their Urgent Community Response requiring a 2 hour turnaround. This now matches their national submission.
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	**PREMS / PROMS.** Investigations are on-going looking into what is possible.
Well-Led Chief People Officer & Chief Governance Officer	Days lost to sickness Absences, Turnover monthly, Risk Mitigation, Pulse Survey	
Use of Resources Chief Finance Officer	Better Practice Performance Compliance	
Population Chief Integration Officer	Urgent Community Response (2 hour) Hospital at home	Covid – Virtual Ward
MMUH Chief Operating Officer	Occupied Bed Days, Emergency Admissions – Medical Over 65, Cardiology Bed Days, Inpatient RTT Incomplete Pathways, Community Contacts, Imaging Investigations, Theatre Productivity (BADS)	A meeting is being arranged to agree Community contacts and Imaging activity target.

Board Level Metrics | Variation / Assurance

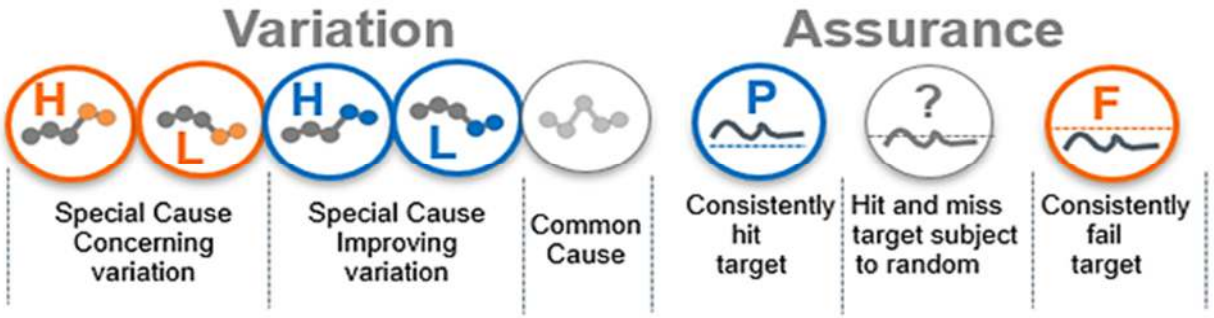


The matrix below shows how each metric is performing:

- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**		Perfect Ward – Number of Inspections, Emergency Readmissions	Sepsis Treated within 1 Hour, SDEC,	
	Common Cause		HSMR, SHMI, E-coli, C-difficile, MRSA Screening – Elective, Serious Incidents, Patient Safety Severe Incidents, Perfect Ward – Average Score, 62 Day Cancer, Urgent Community Response (2 hour), Turnover (monthly),	Doctor – Safe Staffing, FFT % Recommend,	Pulse Survey
	Special Cause : Concern		MRSA Screening – Non Elective, Patient safety incidents, Emergency Care Attendances, Days lost to Sickness Absences	FFT % Response, Emergency Care 4 hour waits, RTT Incomplete Pathways (18 weeks)	Patient Safety Severe Incident Rate against Patient Safety Incidents, Risk mitigations

Board Level Metrics MMUH | Variation / Assurance



The matrix below shows how each metric is performing:

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- No target set

		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**			SDEC	Imaging Investigations
	Common Cause			Emergency Admissions – Medical Over 65, Theatre Productivity BADS,	Community Contacts
	Special Cause : Concern	Occupied Bed Days		Inpatient RTT Incomplete Pathways, Cardiology Bed Days,	

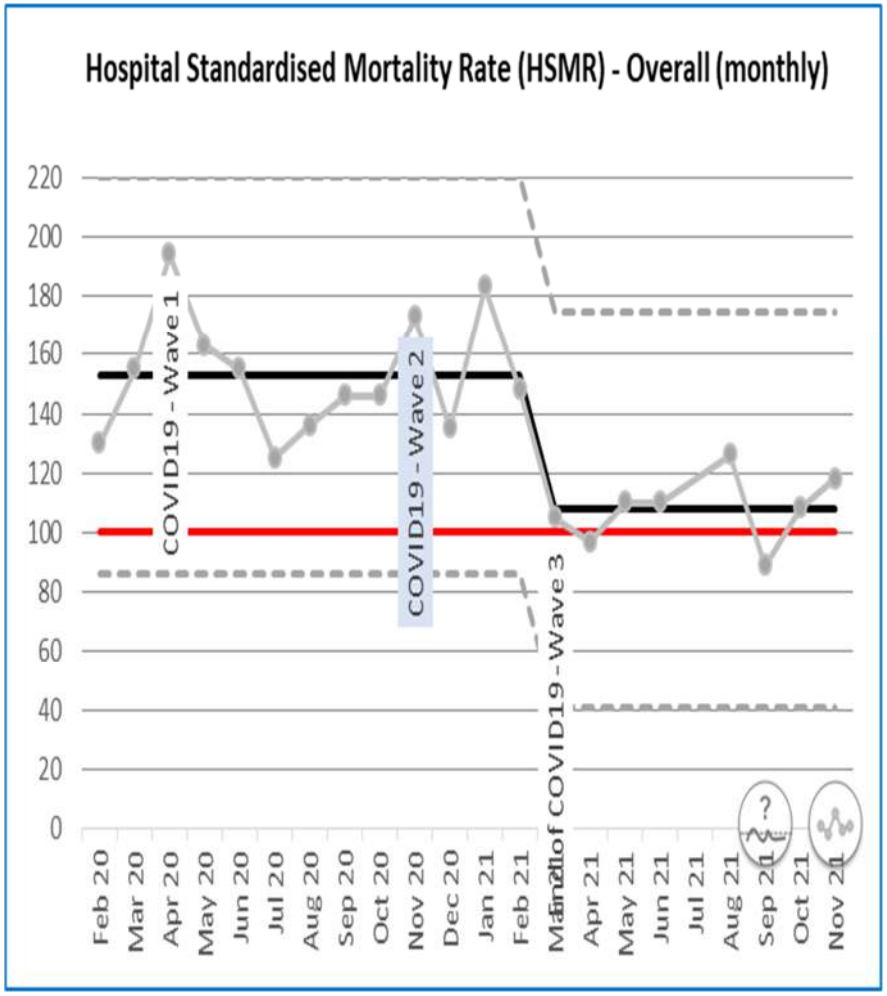
IQPR / Board Level Metric Exceptions

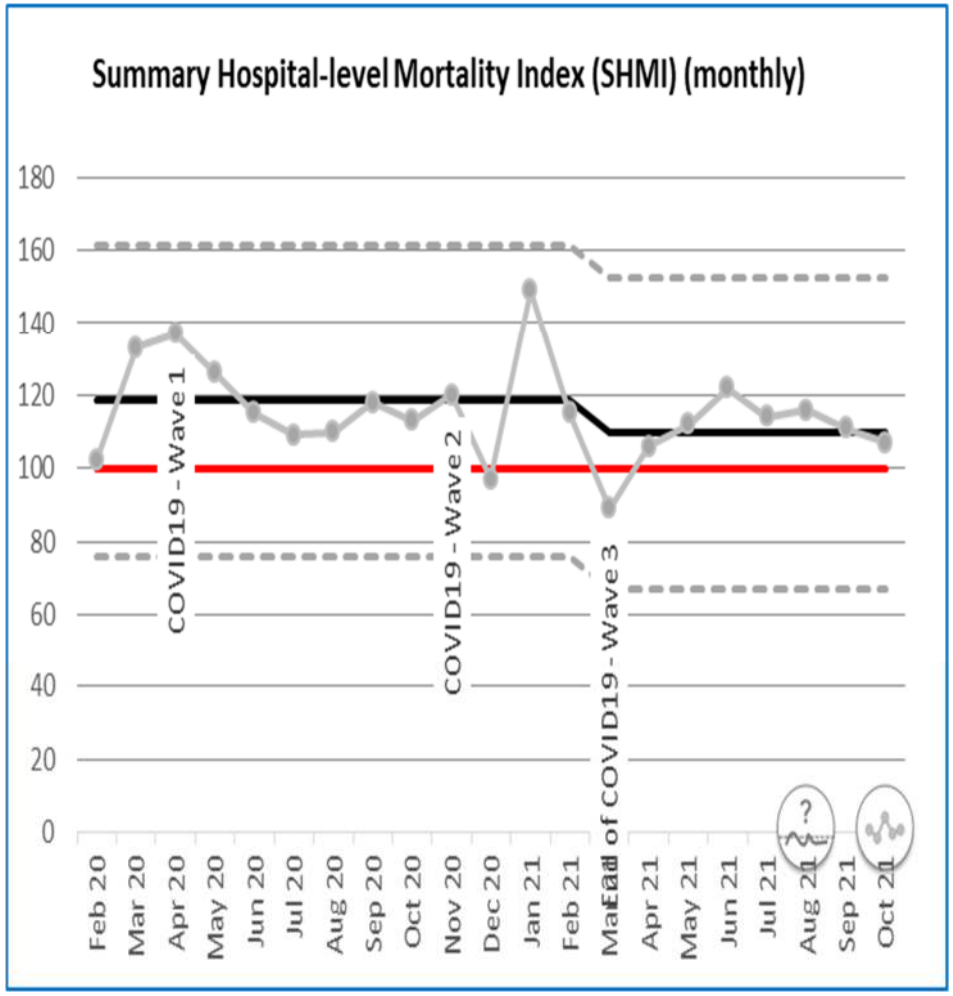
Many indicators have started showing recovery during March 2022 but with some exceptions.

- **SitRep late cancellations -** The last time we hit the target was May 21. Currently for March we have 66 late Sitrep cancellations however if Imaging validate their data this could go up to 69 in comparison to the 44 late cancellations we had last month and the monthly target of 20.
- **28 Day Breaches** – We have 6 x 28 day breaches – were we cancel a patient and then do not get them back into surgery within the national guarantee.
- **Sickness Absence**– This remains above 6% (6.3%) and is impacting our ability to deliver services.
- **Nurse Turnover** – It has been 9 months since we last met or bettered our monthly qualified nurse Turnover. Target 10.7% we are reporting over 11%.
- **A&E performance -** In March we saw a increase in ED 4 hour wait performance where we achieved 76.1%, this is a 7% increase from last month.
- **RTT –** In February the total number of patients on the waiting list that are in the back log increased to 56,482, this is higher than the average of the last 12 months.
- **Financial Report -** The financial report for March is not included in this month's report but should be available in two weeks.

Safe

Executive Lead: Chief Medical Officer





Commentary

This shows common cause variation on a month by month basis.

SWB is consistently above the HSMR national mean. Common cause variation is seen throughout the period indicating a predictable process. Prior to COVID HSMR was elevated above national standard, and has increased demonstrably as shown by COVID peaks. This has reduced since the end of Covid Wave 3.

Commentary

This shows common cause variation on month by month basis .

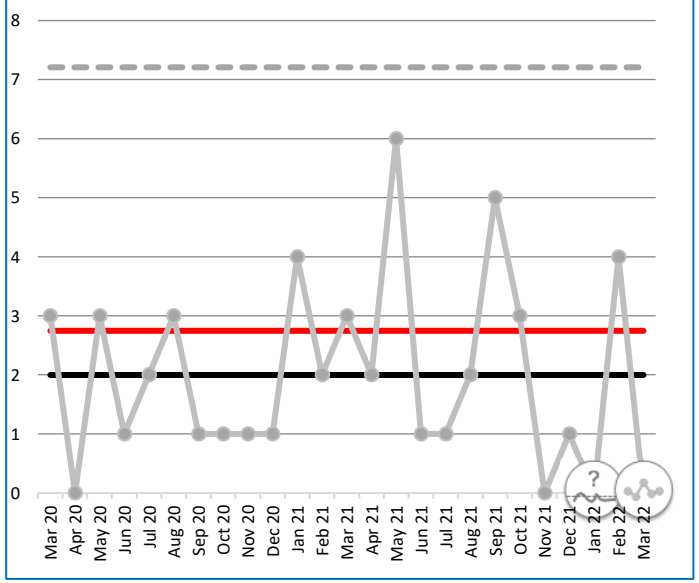
SWB is consistently above the SHMI national mean. Common cause variation is seen throughout the period indicating a predictable process. We were ranked 106th out of 122 Trusts as of October'21 using 12 month cumulative performance from Public View.

Quartile 4 – **Inadequate**

Safe

Executive Lead: Chief Nurse Officer

C. Difficile (Post 48 hours)



Commentary

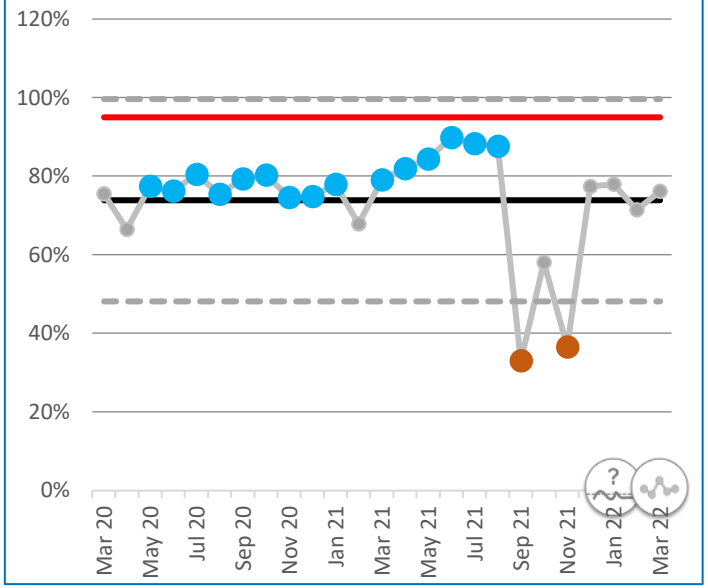
This shows common cause variation .

Common cause variation is seen throughout the period indicating a predictable process.

SWB was ranked 48th out of 138 Trusts in January 22.

Quartile 2: ***Good***

MRSA Screening - Elective



Commentary

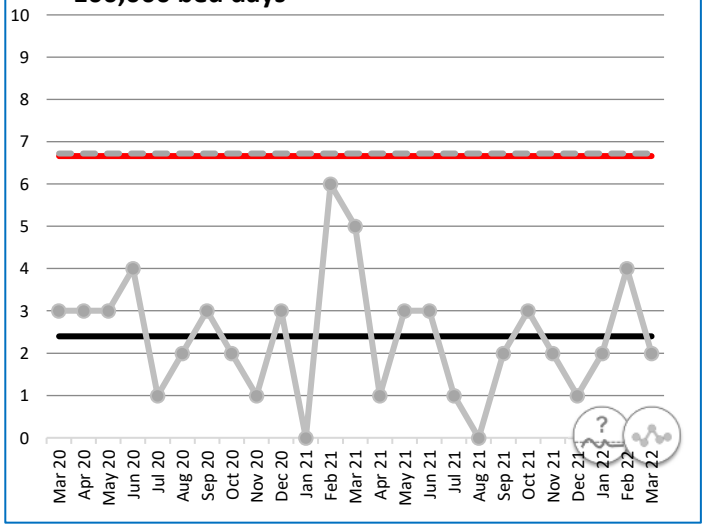
This shows common cause variation.

Investigation has resulted in additional exclusions being required.

MRSA all cases – January 22 shows SWB ranked 34 th of 138.

Quartile 2:
Good

E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days



Commentary

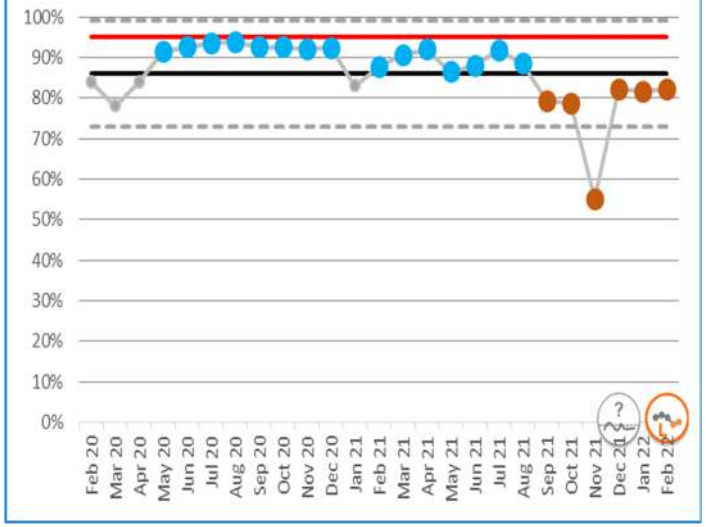
This shows common cause variation.

Common cause variation is seen throughout the period indicating a predictable process.

Performance has been stable. *SWB is ranked 19th out of 138 Trusts in January 22.*

Quartile 1:
Outstanding

MRSA Screening - Non Elective



Commentary

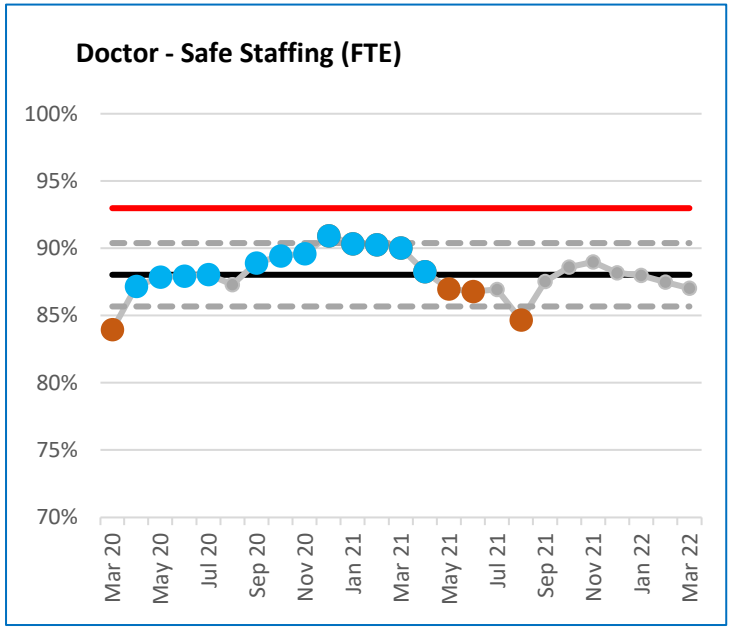
This shows special cause concern.

Investigation has resulted in additional exclusions being required.

MRSA all cases:
Quartile 2:
Good

Safe

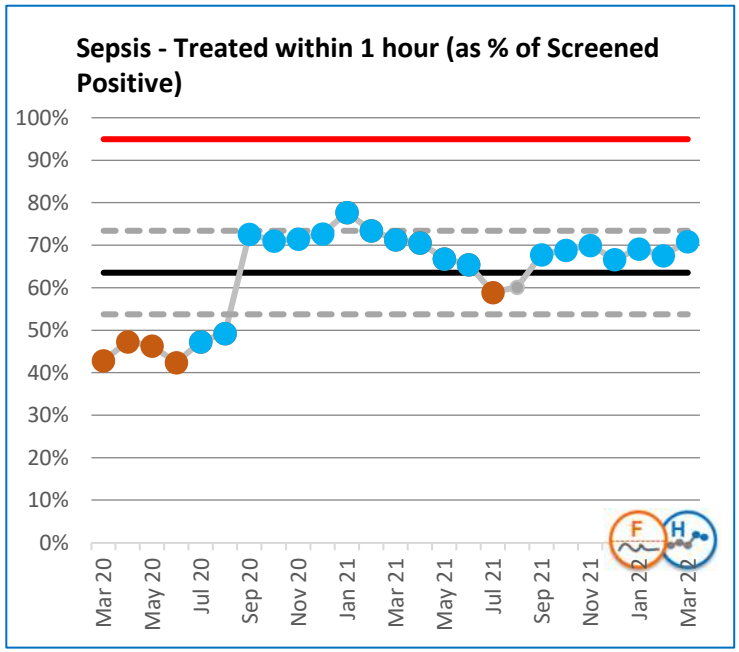
Executive Lead: Chief Medical Officer



Commentary

This shows common cause variation.

This process is starting to perform in control albeit below the target.



Commentary

This shows special cause improvement.

This has shown some improvement but still requires a step change to achieve performance.

Nursing – Safe Staffing

Commentary

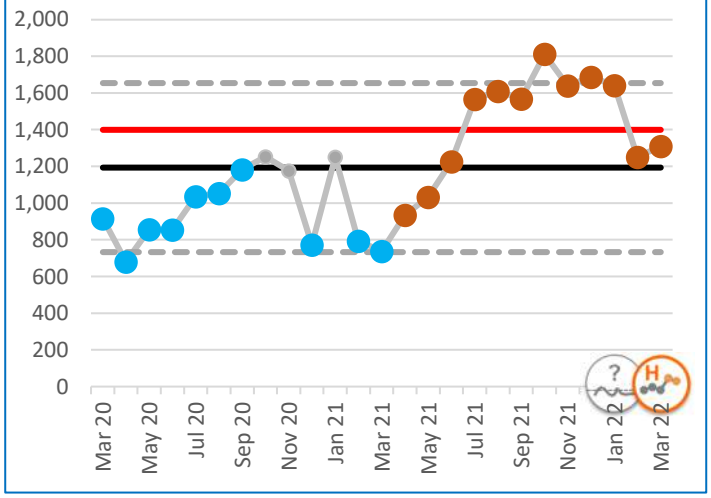
HCA – Safe Staffing

Commentary

Safe

Executive Lead: Chief Medical Officer

Patient Safety Incidents

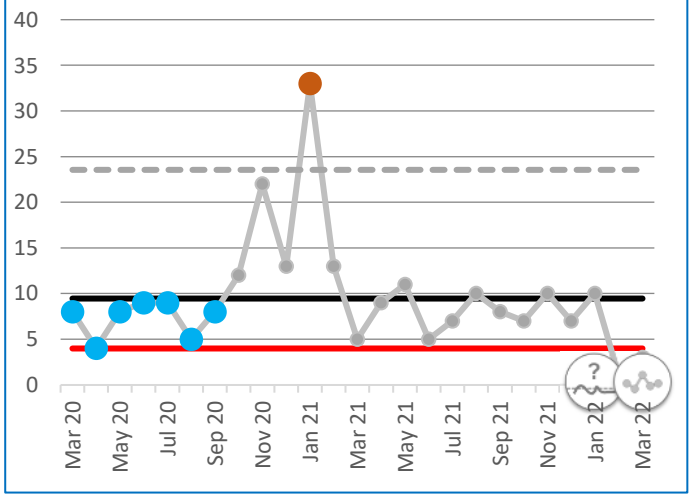


Commentary

This shows special cause concern.

However this may just be we are reporting more patient safety incidents, which is a good thing.

Serious Incidents

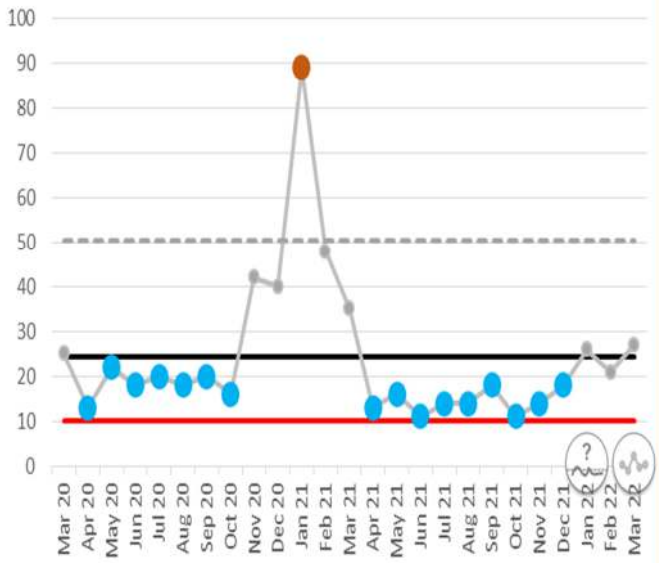


Commentary

This shows common cause variation.

Astronomical data point s around Jan ’21 is affecting what would be a predictable process.

Patient Safety (Moderate harm or above)

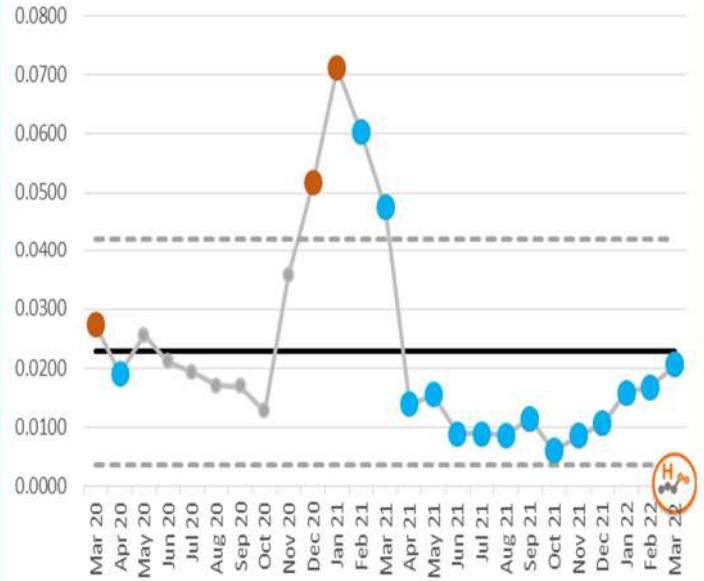


Commentary

This shows common cause variation.

An astronomical data point in Jan ’21 is affecting what would be a predictable process.

Rate of Moderate harm or above incidents against Patient Safety Incidents



Commentary

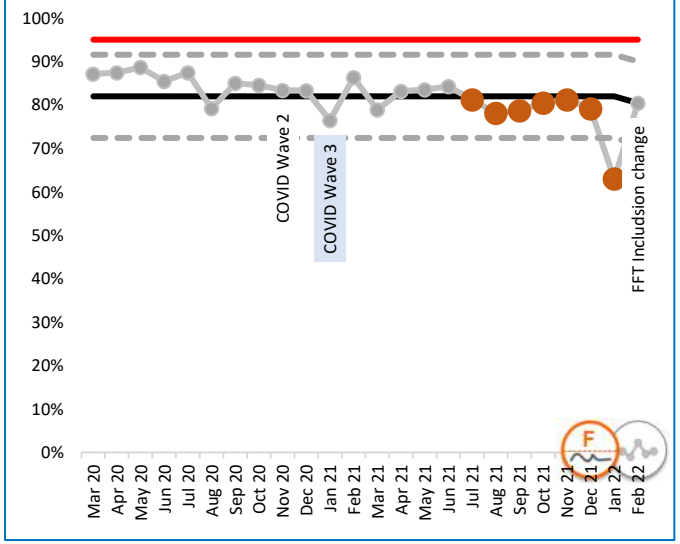
This shows special cause improvement.

Astronomical data points around Jan ’21 is affecting what would appear to be an otherwise predictable process.

Caring

Executive Lead: Chief Nurse Officer

Friends and Family Test % Recommended



Commentary

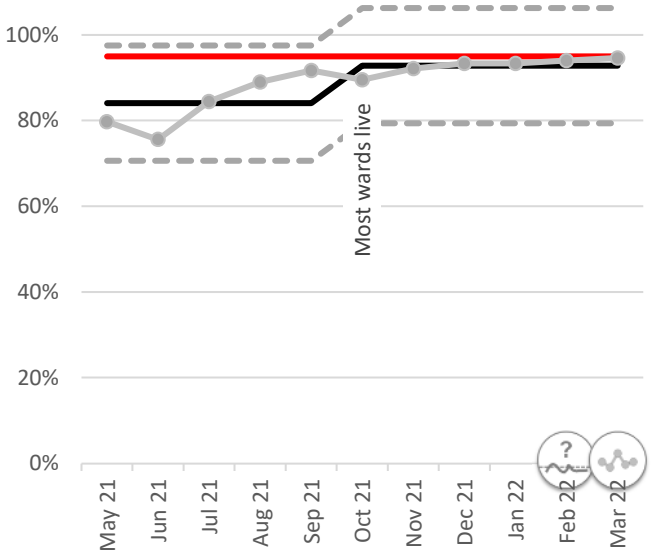
This shows common cause variation.

SWB is consistently failing the 95% friends and family test score.

SWB are ranked for February 22, 131th out of 135 Inpatient score, 113th out of 125 for A&E, 126th out of 133 for Outpatients.

Quartile 4: ***Inadequate***

Perfect Ward - Average Score



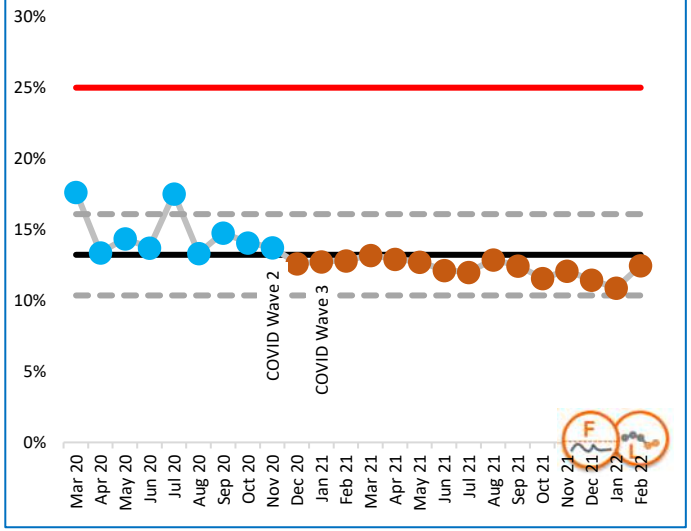
Commentary

This shows common cause variation.

Common cause variation is seen throughout the period indicating a predictable process.

This is a new indicator. It does not have sufficient data points to give an accurate reading.

Friends and Family Test % Responded

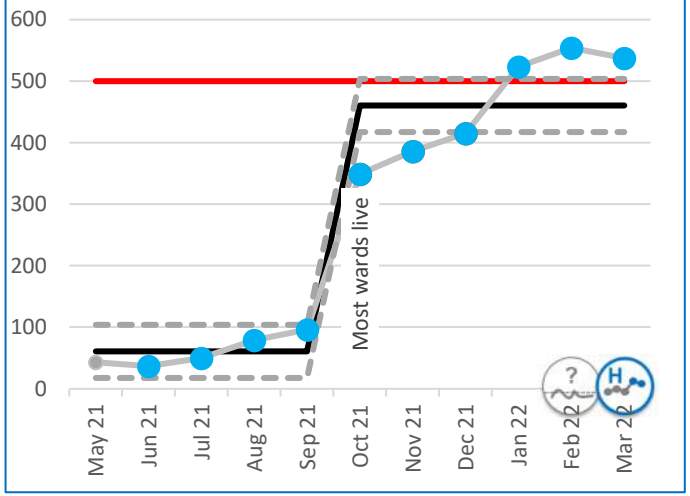


Commentary

This shows special cause concern.

Since November '20 the process has been in decline, however In February '22 we have seen slight improvements.

Perfect Ward - Number of Inspections



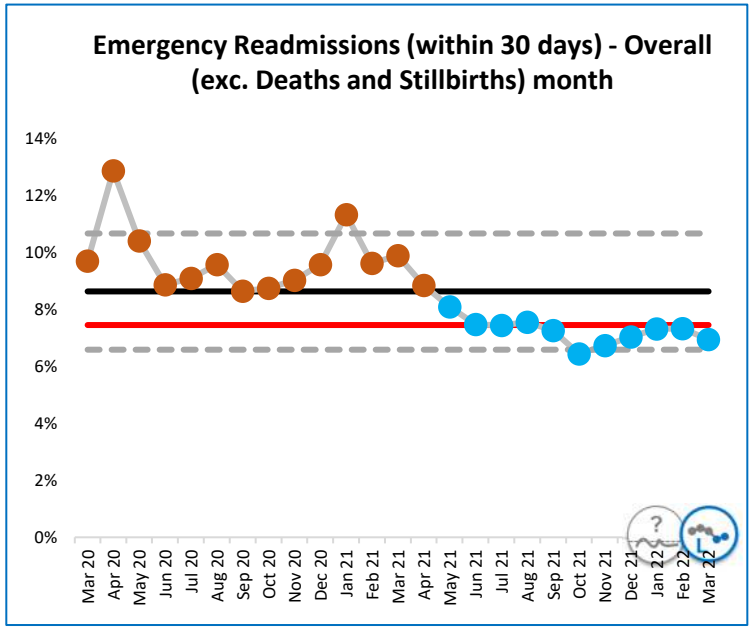
Commentary

This shows special cause improvement.

This is a new indicator. It does not have sufficient data points to give an accurate reading at present and so shows special cause improvement as more inspections are being completed as more wards go live.

Effective

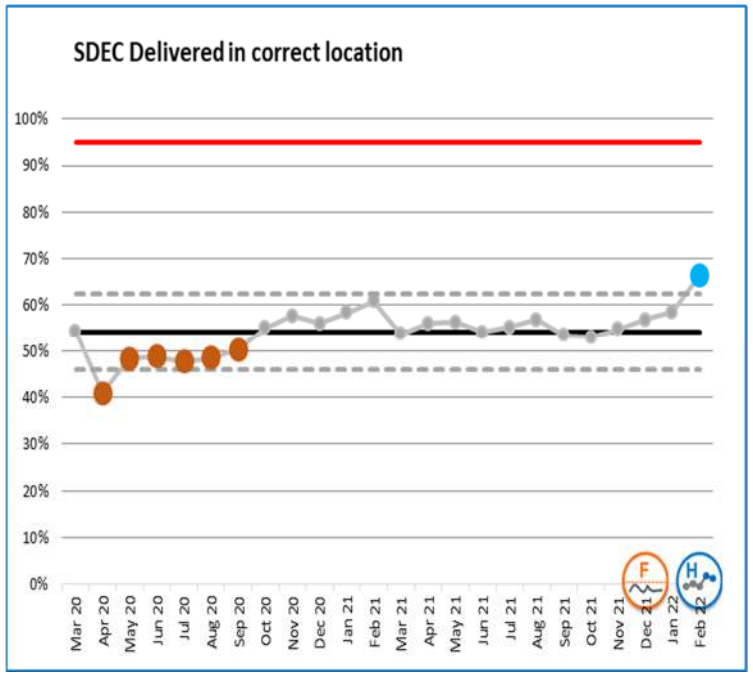
Executive Lead: Chief Operating Officer



Commentary

The shows special cause improvement.

This was affected by COVID 19 and astronomical data points around April 20 and Dec 20 have increased the mean.



Commentary

This shows special cause improvement.

This counts patients in ambulatory units (numerator) over the total count of patients eligible for SDEC based on the 55 national pathways within opening hours.

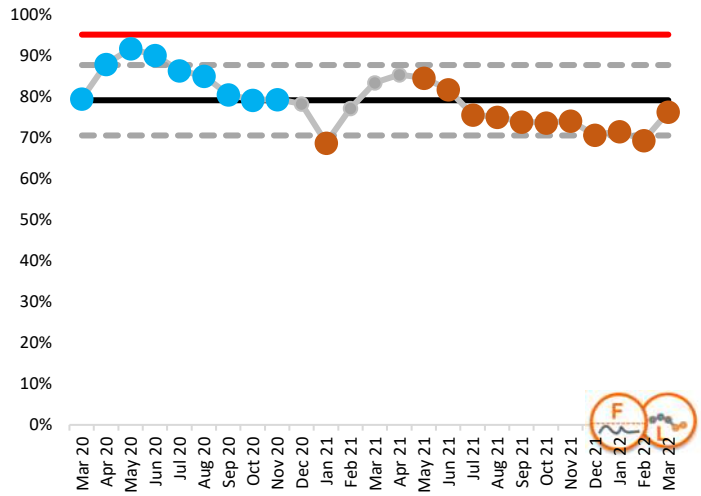
PROMS

Commentary

Responsive

Executive Lead: Chief Operating Officer

Emergency Care 4-hour waits



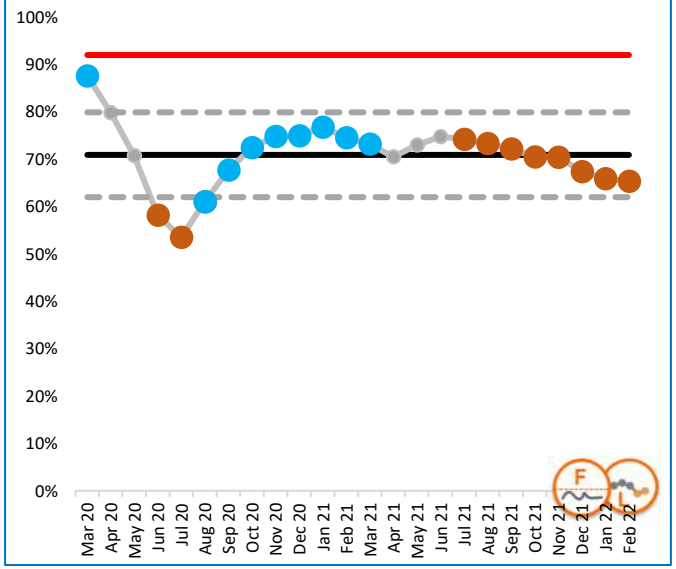
Commentary

This shows Special cause concern.

SWB was ranked 78rth out of 133 in February 22.

Quartile 3: Requires Improvement

RTT - Incomplete Pathway (18-weeks)



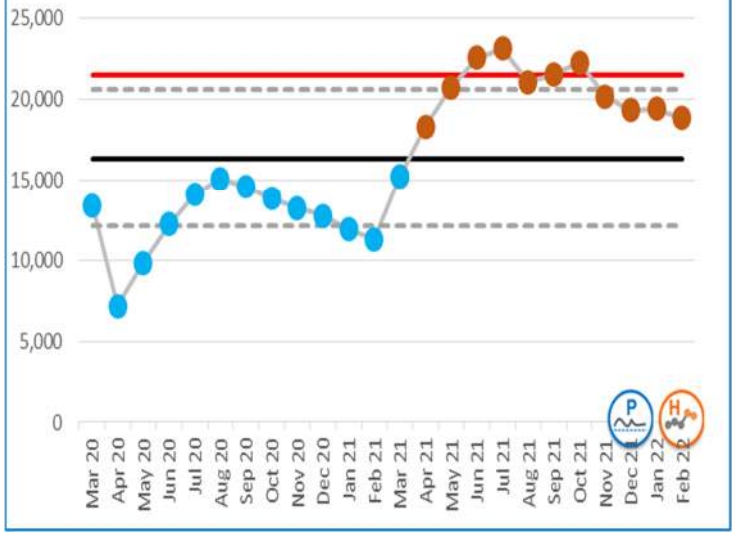
Commentary

This shows Special cause concern

The current performance requires a step change.

We understand that a shift has begun to happen in March/April.
SWB was ranked 98th out of 172 Trusts in January 22.
Quartile 3: Requires Improvement

Emergency Care Attendances (Including Malling)

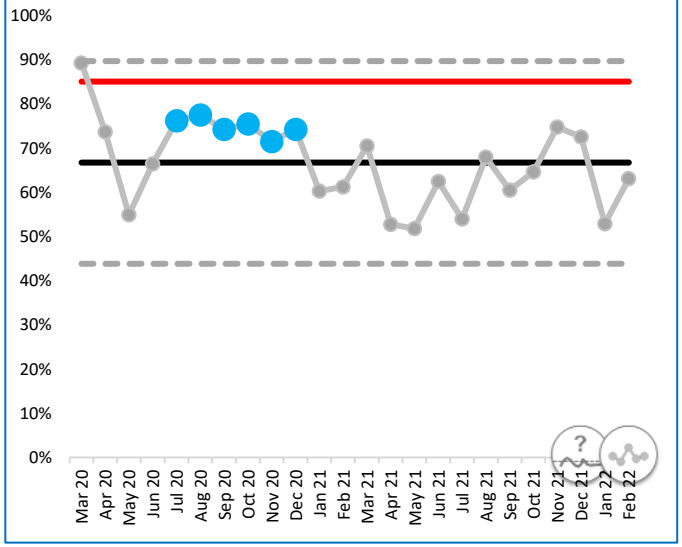


Commentary

This shows special cause concern.

Looking at SWB we are 128th out of 147 trusts in terms of volume of A&E attendances in February 22. Note a reduction in A&E attendances is the desired outcome.

62 Day (urgent GP referral to treatment) Excl Rare Cancers



Commentary

This shows common cause variation.

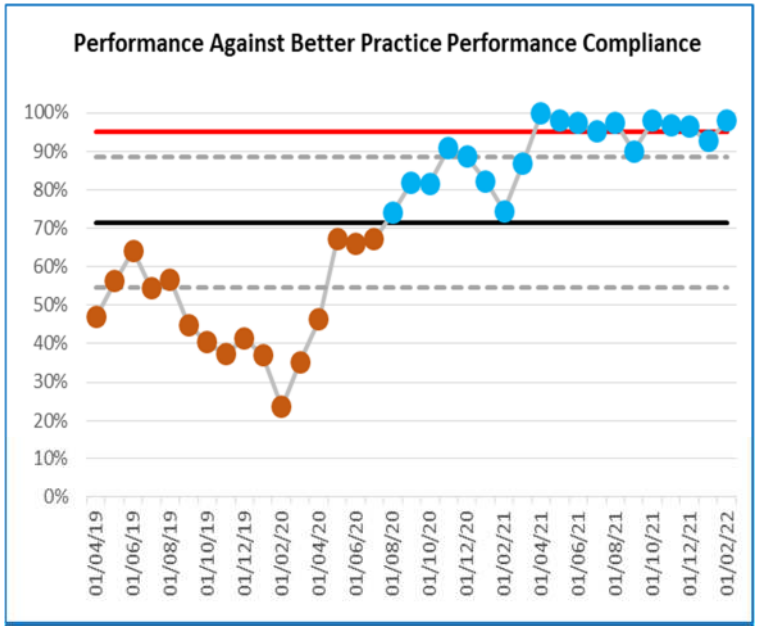
Common cause variation is seen throughout the period indicating a predictable process.

SWB was ranked 107th out of 137 in January 22.

Quartile 4: Inadequate

Use of Resources

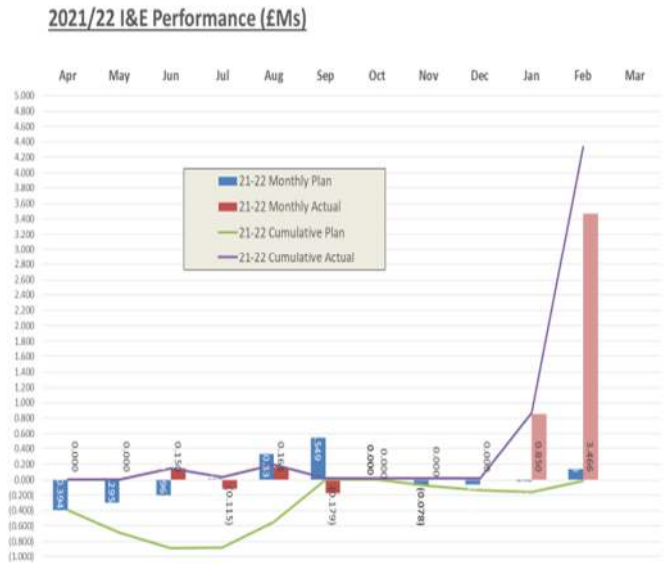
Executive Lead: Chief Finance Officer



Commentary

This show Special cause improvement.

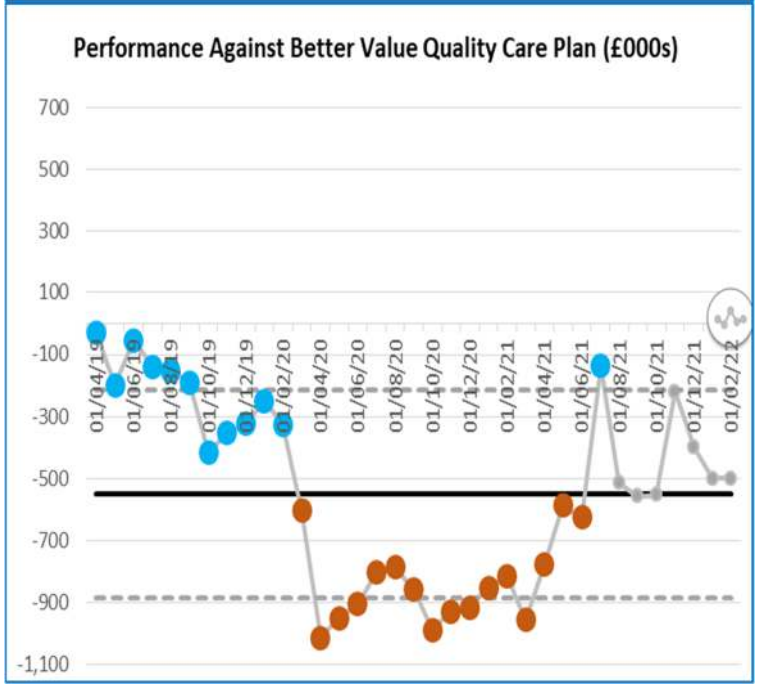
The organisation was consistently failing this target, however performance has now improved and is between 90% and 98%.



Commentary

Since January we have moved to realising a positive monthly financial position.

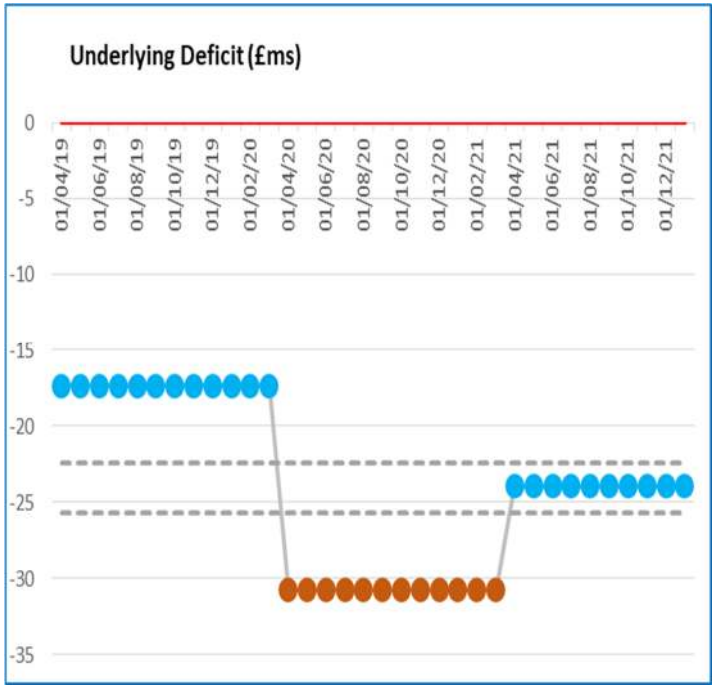
This has driven a positive annual position.



Commentary

CIP shows common cause variation.

The average under delivery of ~£500k per month has begun to stabilise at a lower number of ~£300k.



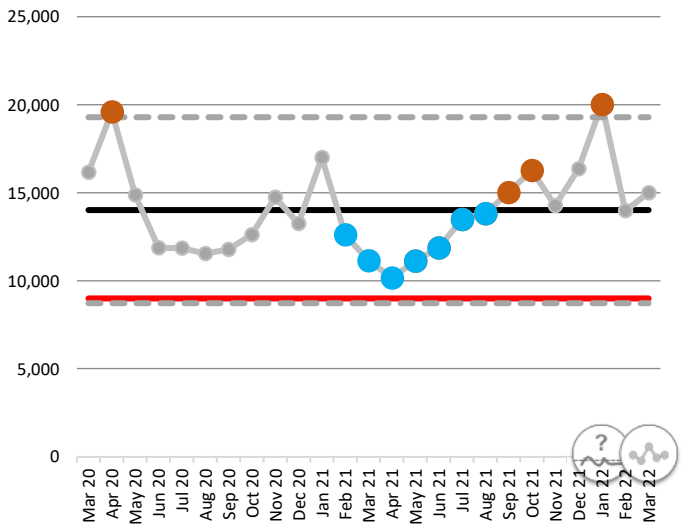
Commentary

Finance report underlying deficit annually. The current underlying deficit is £24m

People

Executive Lead: Chief People Officer

Days Lost to Sickness Absences



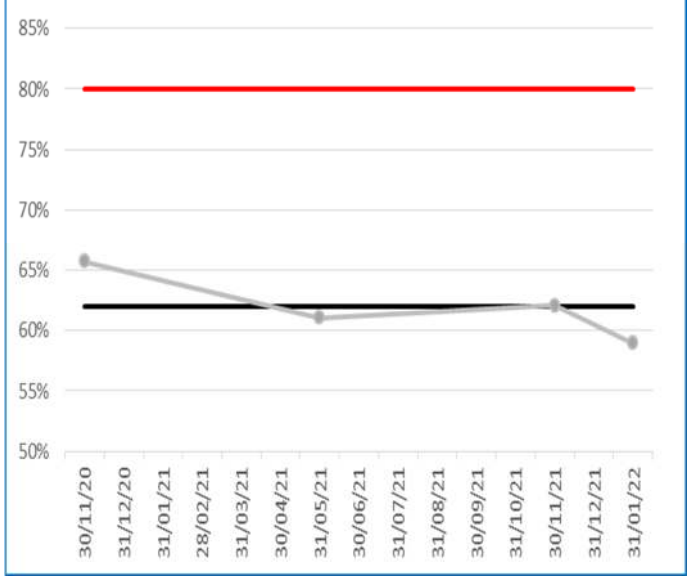
Commentary

This shows special cause concern.

The sickness absence rate was 149th out of 214 Trusts in November 21.

Quartile 3: ***Requires Improvement***

Pulse Survey



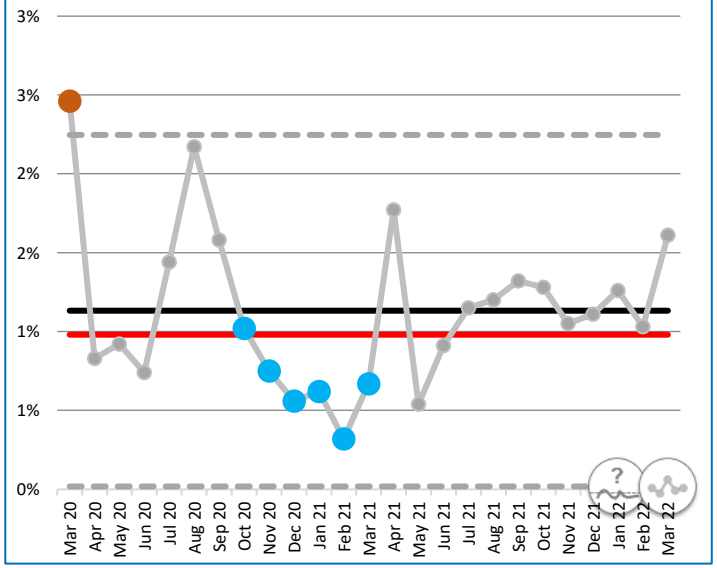
Commentary

This shows common cause variation.

With only 4 data points in the 25 months – no upper or lower process limits have been generated.

Although a downward projection can be seen.

Turnover (monthly)

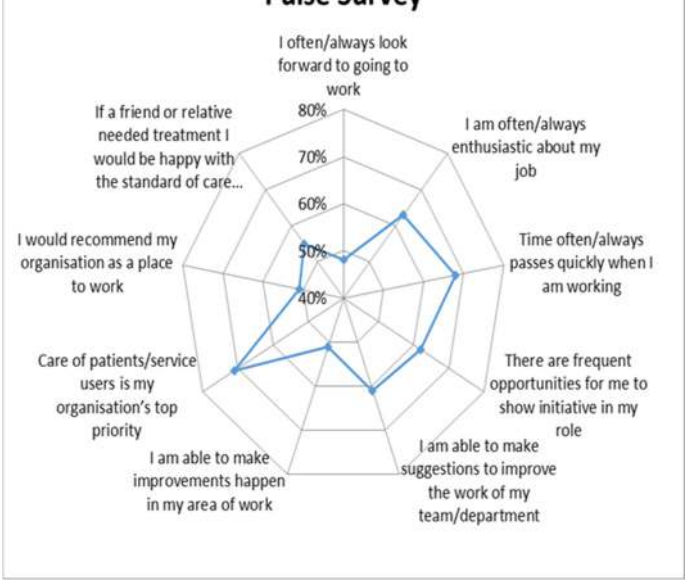


Commentary

This shows common cause variation.

Common cause variation is seen predominantly throughout the period indicating a predictable process.

Pulse Survey



Commentary

3 main areas requiring attention:

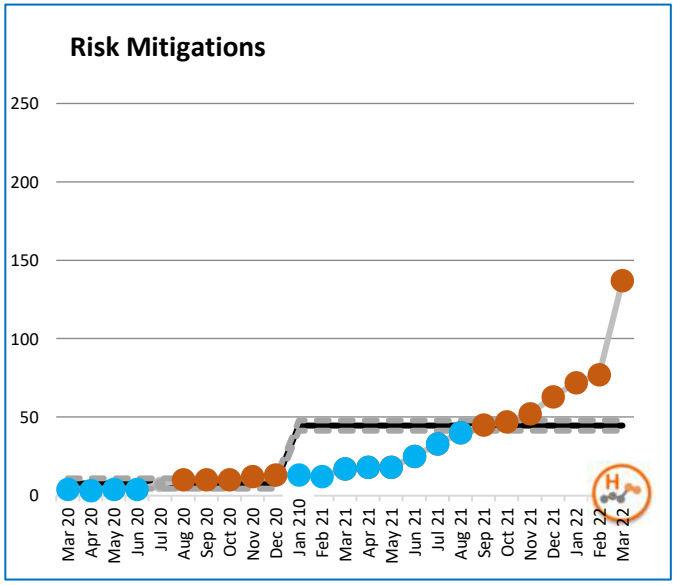
1. Look forward to going to work.
2. Can make Improvement in my area.
3. Recommend my organisation as a place to work.

Bench mark 80%

Quartile 4: ***Inadequate***

Well-Led

Executive Lead: Chief Governance Officer



Commentary

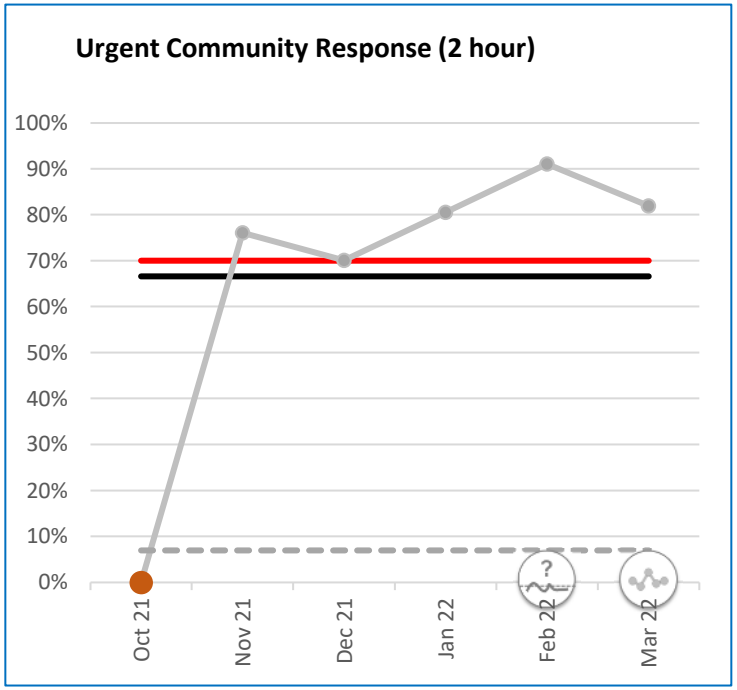
This shows special cause concern.

The Governance team, has closed a number of outstanding risks.

We need a target.

Population

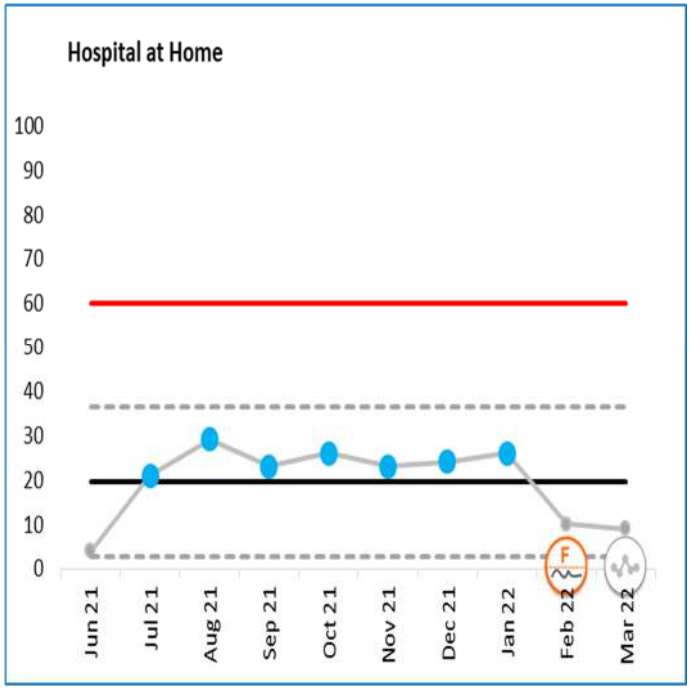
Executive Lead: Chief Integration Officer



Commentary

This shows special cause improvement.

This is a new national indicator, it is due to nationally start reporting in April 2022.



Commentary

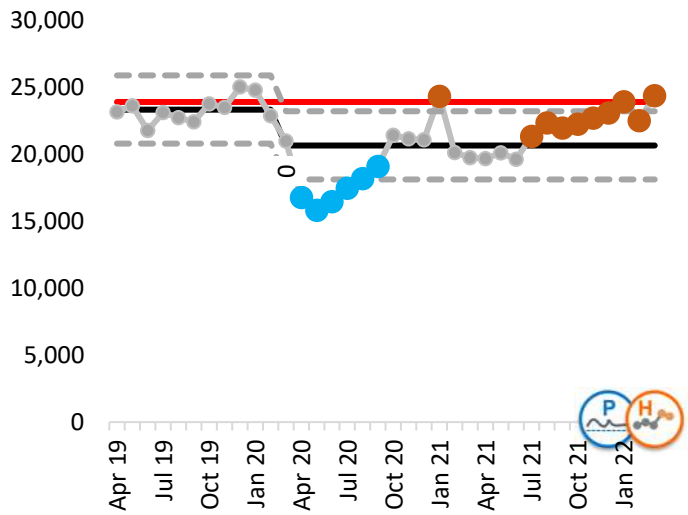
This shows common cause improvement.

This shows the number of patients admitted into a Hospital at home ward.

MMUH - 1

Executive Lead: Chief Operating Officer

Occupied Bed Days



Commentary

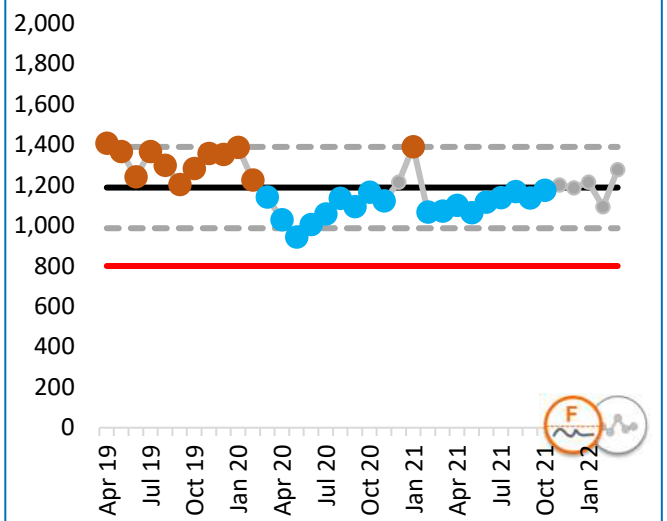
This shows Special cause concern.

The target is based on the beds available and occupancy rates in MMUH.

Nb. When we include demographic growth and activity levels this would worsen the position.

This shows a GAP of between 26 and 31 beds dependant on occupancy rates.

Emergency Admissions - Medical Over 65



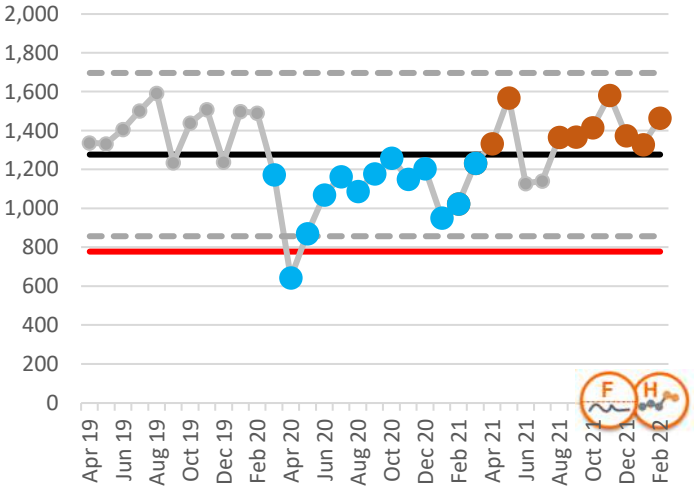
Commentary

The shows common cause variation.

The target is emergency admissions for over 65s in MMUH after admission avoidance schemes.

Nb. When we include demographic growth and activity levels this would worsen the position.

Cardiology Bed Days



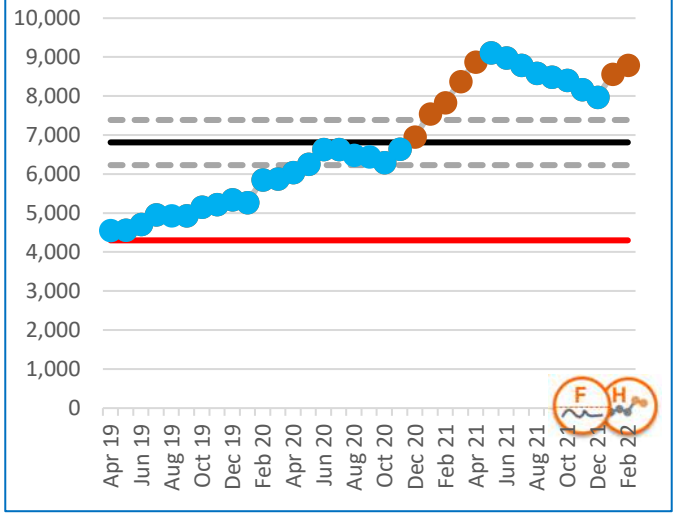
Commentary

This shows special cause concern.

The target is based on the cardiology beds available and occupancy rates in MMUH.

Nb. When we include demographic growth and activity levels this would worsen the position. This shows a 24 bed issues. We report a month behind as activity is allocated using discharge HRGs.

Inpatient RTT Incompelete Pathways



Commentary

This shows special cause concern.

The target is based on the historical level of incomplete inpatient pathways.

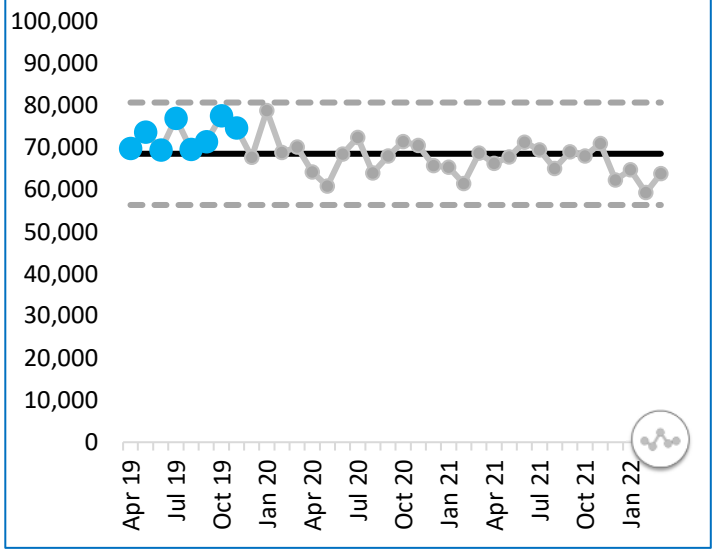
This shows our Inpatient backlog rising.

However trying to reduce this backlog may inflate our bed usage, which will then mask our plan to reduce our overall bed usage.

MMUH - 2

Executive Lead: Chief Operating Officer

Community Contacts



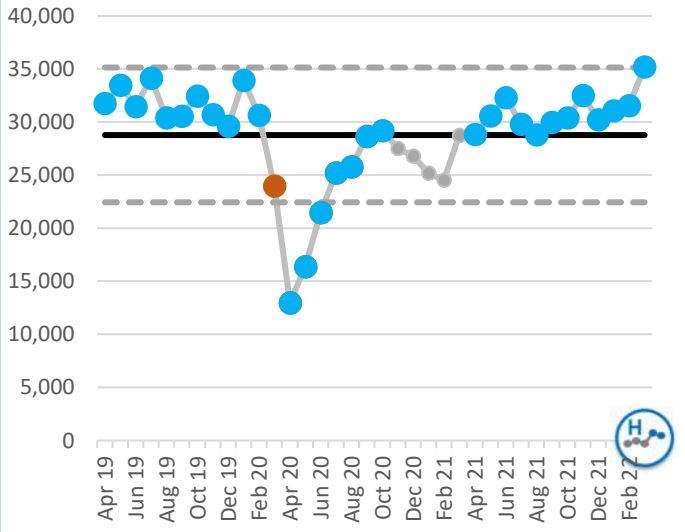
Commentary

This shows common cause variation.

We need a target for this.

As we treat more patients either closer to home or in hospital we may see this indicator rise.

Imaging Investigations

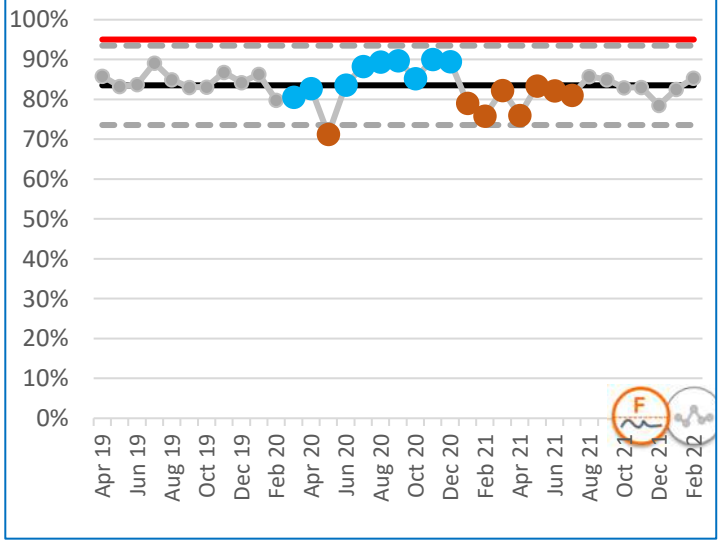


Commentary

This is showing special cause improvement.

We need a target for this.

Theatre Productivity - BADS



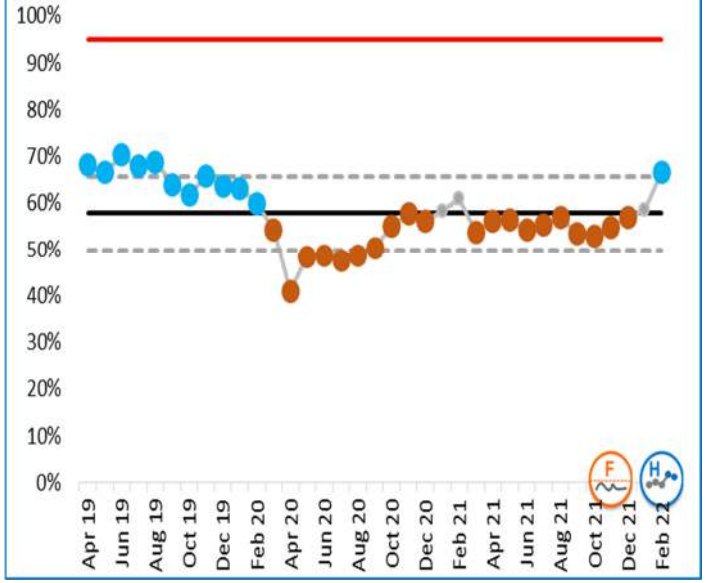
Commentary

This is showing common cause variation.

As we move more procedures to become day cases, this will move the activity towards the Target.

We will then reduce the pressure on Elective Beds.

SDEC - Delivered in the Correct Location



Commentary

This shows special cause improvement.

This measures counts patients in ambulatory units (numerator) over the total count of patients eligible for SDEC based on the 55 national pathways within opening hours.

Inequalities

Index of Multiple Deprivation

Trust-Trust Level	Index of Multiple Deprivation (IMD)										
Metric	1	2	3	4	5	6	7	8	9	10	NSP
Population	37.50%	25.00%	12.60%	8.40%	8.10%	5.40%	1.50%	1.00%	0.30%	0.20%	0.00%
AMU Beds	35.79%	27.65%	9.91%	9.54%	5.64%	4.38%	3.88%	0.83%	0.42%	0.72%	1.25%
Cardiology Beds	33.63%	31.24%	9.58%	8.06%	7.51%	5.01%	2.65%	0.78%	0.42%	0.55%	0.58%
Clinical Haematology Beds	38.30%	24.02%	8.74%	10.29%	9.93%	3.55%	0.81%	0.61%	0.86%	0.59%	2.30%
Community Contact	23.03%	40.31%	12.95%	6.55%	6.41%	6.92%	1.79%	0.72%	0.44%	0.18%	0.70%
Critical Care Beds	41.45%	30.09%	8.47%	6.77%	5.18%	3.18%	1.35%	1.19%	0.37%	0.70%	1.24%
Day Case Admissions	30.01%	26.10%	10.42%	9.39%	7.67%	5.25%	3.54%	2.38%	2.28%	2.10%	0.86%
Delivery Beds	42.46%	28.26%	11.07%	7.31%	4.45%	2.53%	1.82%	0.41%	0.26%	0.18%	1.25%
ED Type 1	36.73%	27.46%	11.29%	8.11%	5.66%	4.52%	2.16%	0.95%	0.71%	0.65%	1.76%
ED Type 1 - Ambulance Arrivals	38.26%	27.15%	10.52%	7.34%	5.51%	4.26%	2.08%	1.07%	0.75%	0.79%	2.27%
ED Type 3 (UTC)	20.66%	21.33%	7.43%	5.06%	3.72%	2.86%	1.66%	0.53%	0.37%	0.16%	36.23%
Elective Admissions	31.32%	25.86%	11.76%	9.07%	6.99%	5.30%	3.27%	2.04%	1.81%	1.81%	0.77%
Emergency Admissions	36.95%	28.73%	10.93%	8.04%	5.84%	4.43%	2.05%	0.81%	0.55%	0.57%	1.10%
Emergency Admissions - Medical Over 65	32.87%	29.87%	11.58%	8.18%	7.09%	5.76%	2.08%	0.95%	0.53%	0.73%	0.36%
Emergency Admissions - Zero LOS	37.78%	27.89%	11.27%	7.92%	5.61%	4.26%	2.27%	0.88%	0.75%	0.41%	0.96%
Emergency Admissions NOT SWB	40.63%	17.84%	11.99%	10.52%	5.42%	4.32%	2.67%	1.53%	1.22%	1.76%	2.09%
Gastroenterology Beds	36.37%	30.31%	8.96%	8.83%	5.02%	6.04%	2.37%	0.87%	0.61%	0.00%	0.61%
General Surgery Beds	30.79%	30.25%	11.82%	8.67%	7.83%	6.05%	2.39%	0.85%	0.51%	0.29%	0.55%
Geriatrics Beds	30.66%	31.09%	10.34%	9.63%	6.51%	6.34%	2.48%	1.22%	0.94%	0.44%	0.35%
Imaging Investigations	33.83%	27.75%	11.35%	8.69%	6.61%	5.45%	2.28%	1.07%	0.90%	0.72%	1.35%
Inpatient RTT Incompelete Pathways	30.13%	26.14%	11.29%	9.57%	7.57%	6.02%	3.50%	1.85%	1.96%	1.44%	0.53%
Intermediate Care Beds	28.42%	28.45%	10.60%	14.24%	5.19%	5.77%	3.16%	0.70%	0.57%	1.59%	1.30%
Maternity Beds	42.27%	28.56%	10.74%	8.10%	4.59%	2.76%	0.86%	0.70%	0.11%	0.02%	1.30%
Medicine Beds	35.34%	32.91%	8.93%	7.86%	6.36%	3.37%	1.73%	0.36%	0.47%	1.58%	1.07%
Neonatal Beds	41.25%	25.51%	15.05%	6.82%	5.17%	0.98%	0.98%	3.27%	0.04%	0.00%	0.91%
Occupied Bed Days	34.55%	29.51%	10.59%	8.99%	5.92%	4.90%	2.23%	0.92%	0.64%	0.86%	0.90%
Paediatric Beds	35.35%	33.68%	11.85%	6.67%	4.31%	4.45%	1.90%	0.26%	0.37%	0.56%	0.59%
Respiratory Beds	39.96%	28.67%	11.78%	7.87%	4.60%	3.85%	1.28%	0.56%	0.12%	0.25%	1.06%
Same Day Emergency Care (SDEC)	35.54%	27.70%	11.91%	8.98%	6.46%	4.41%	2.25%	0.78%	0.36%	0.55%	1.07%
Stroke Beds	39.38%	29.38%	9.23%	7.59%	4.64%	5.62%	1.35%	0.55%	0.88%	0.93%	0.47%
T&O Beds	29.33%	26.16%	14.78%	9.11%	8.25%	6.34%	2.39%	1.47%	1.23%	0.47%	0.48%
Theatre Productivity - BADS	30.21%	23.62%	11.76%	9.31%	7.44%	5.99%	3.57%	1.95%	2.88%	2.47%	0.80%
Womens Beds	30.10%	21.14%	11.89%	8.86%	6.40%	7.30%	2.13%	2.57%	2.16%	5.17%	2.27%

Commentary

Index of Multiple Deprivation (IMD) places people into deciles based on characteristics including education/income/housing/environment etc.. 1 is the lowest and 10 the highest.
We have obtained our local population by quintile and we have created an algorithm to split each quintile down between the deciles.
The red/pink show 50% above the population and yellow/amber shows 50% below population.
NSP – means we do not know which IMD group to allocate to as we don't know the patients postcode (the ED Type 3 – UTC excess is due to a data collection issue with our third party company).

Inequalities

Ethnicity

Trust-Trust Level	Ethnicity																	
	White			Mixed				Asian				Black			Other Ethnic Groups			
Metric	British	Irish	Other	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Asian British - Indian	Asian British - Pakistani	Asian British - Bangladeshi	Asian British - Any other Asian background	Black British - Caribbean	Black British - African	Black British - Any other Black background	Chinese	Any other ethnic group	Not stated	Not Known
Population	34.00%	0.40%	8.10%	1.40%	0.30%	0.50%	0.70%	14.10%	7.90%	3.60%	2.50%	4.60%	4.80%	1.70%	1.00%	3.70%	0.00%	10.60%
AMU Beds	42.62%	2.59%	6.46%	0.70%	0.14%	0.11%	0.74%	9.97%	6.06%	2.02%	1.34%	8.92%	2.36%	1.40%	0.28%	2.06%	0.91%	11.32%
Cardiology Beds	41.77%	1.68%	5.79%	0.57%	0.12%	0.00%	1.03%	13.14%	7.04%	1.75%	1.72%	8.03%	1.84%	1.69%	0.41%	1.92%	1.89%	9.63%
Clinical Haematology Beds	37.05%	1.99%	8.89%	0.73%	0.13%	0.00%	0.77%	7.53%	8.01%	3.60%	2.43%	13.28%	6.63%	1.19%	0.35%	1.59%	0.56%	5.25%
Community Contact	52.08%	0.56%	5.91%	1.60%	0.28%	0.56%	7.00%	9.51%	3.82%	1.46%	0.95%	4.17%	1.68%	1.46%	0.13%	2.64%	3.24%	2.95%
Critical Care Beds	44.53%	1.43%	7.12%	2.64%	2.10%	0.11%	0.16%	14.42%	5.44%	1.43%	0.48%	10.49%	2.69%	3.59%	0.00%	2.78%	0.07%	0.53%
Day Case Admissions	43.33%	0.98%	6.22%	0.60%	0.20%	0.31%	0.72%	11.93%	7.37%	2.50%	2.42%	7.53%	2.31%	1.70%	0.37%	2.41%	1.04%	8.07%
Delivery Beds	13.32%	0.59%	4.42%	2.71%	0.97%	0.46%	2.28%	19.44%	13.17%	7.16%	3.76%	5.37%	8.39%	1.33%	0.79%	6.27%	0.43%	9.13%
ED Type 1	30.09%	0.50%	5.91%	1.40%	0.36%	0.45%	1.23%	11.83%	8.01%	2.90%	2.32%	6.33%	3.43%	1.50%	0.42%	3.87%	1.08%	18.38%
ED Type 1 - Ambulance Arrivals	36.21%	0.84%	5.63%	0.95%	0.25%	0.36%	1.13%	10.12%	6.65%	2.20%	1.74%	5.89%	2.47%	1.13%	0.29%	2.72%	1.29%	20.14%
ED Type 3 (UTC)	2.26%	0.00%	0.00%	0.06%	0.02%	0.01%	0.03%	0.00%	0.20%	0.10%	0.55%	0.08%	0.06%	0.03%	0.03%	0.13%	96.38%	0.05%
Elective Admissions	40.05%	0.96%	6.73%	1.23%	0.31%	0.38%	0.81%	11.91%	9.26%	2.15%	2.34%	7.07%	3.50%	1.58%	0.58%	2.04%	1.11%	7.99%
Emergency Admissions	33.75%	0.71%	6.11%	1.55%	0.38%	0.37%	1.08%	12.79%	8.28%	3.53%	2.25%	6.74%	4.37%	1.45%	0.46%	3.79%	0.71%	11.70%
Emergency Admissions - Medical Over 65	51.70%	1.67%	7.36%	0.24%	0.10%	0.12%	0.43%	11.06%	4.65%	1.52%	0.99%	8.88%	0.56%	1.06%	0.38%	0.90%	0.84%	7.53%
Emergency Admissions - Zero LOS	27.18%	0.39%	5.80%	1.95%	0.30%	0.56%	1.09%	13.71%	9.90%	4.16%	3.02%	5.74%	4.78%	1.29%	0.49%	4.18%	0.62%	14.86%
Emergency Admissions NOT SWB	24.92%	1.08%	3.29%	1.45%	0.51%	0.49%	0.98%	5.40%	12.02%	2.86%	2.51%	5.12%	4.98%	0.92%	0.51%	3.62%	1.39%	27.95%
Gastroenterology Beds	40.71%	0.51%	5.53%	0.29%	0.00%	0.26%	0.10%	18.43%	5.50%	2.37%	3.62%	4.74%	2.99%	2.07%	0.09%	2.47%	0.73%	9.59%
General Surgery Beds	48.43%	1.17%	7.66%	0.84%	0.36%	0.18%	1.19%	11.62%	5.62%	2.12%	0.69%	8.14%	1.61%	1.22%	0.78%	2.81%	0.88%	4.69%
Geriatrics Beds	58.90%	1.58%	8.31%	0.08%	0.06%	0.21%	0.69%	6.81%	2.60%	0.66%	0.28%	9.54%	0.60%	0.95%	0.40%	0.86%	0.95%	6.51%
Imaging Investigations	30.66%	0.64%	9.32%	1.17%	0.34%	0.32%	0.81%	11.98%	7.24%	2.78%	2.12%	6.06%	4.17%	1.37%	0.43%	3.05%	6.53%	11.00%
Inpatient RTT Incompelete Pathways	38.00%	0.78%	10.19%	0.85%	0.24%	0.25%	0.67%	11.41%	6.23%	2.14%	2.04%	5.44%	3.06%	1.35%	0.34%	2.44%	7.42%	7.14%
Intermediate Care Beds	68.59%	0.70%	8.51%	0.18%	0.00%	0.00%	0.40%	6.66%	0.95%	0.24%	0.51%	5.85%	1.24%	2.10%	0.48%	1.51%	0.26%	1.82%
Maternity Beds	14.57%	0.07%	4.50%	3.10%	0.89%	0.81%	1.70%	17.03%	12.03%	7.92%	4.15%	5.12%	9.08%	2.22%	0.66%	5.65%	0.19%	10.32%
Medicine Beds	43.07%	0.55%	8.05%	0.37%	0.08%	0.10%	0.49%	10.20%	6.10%	2.02%	2.50%	8.77%	2.96%	2.26%	0.07%	2.44%	0.53%	9.47%
Neonatal Beds	20.57%	0.00%	1.16%	5.84%	0.25%	0.18%	2.04%	18.36%	12.33%	7.07%	5.63%	2.53%	8.23%	2.25%	1.02%	7.81%	0.00%	4.75%
Occupied Bed Days	45.44%	1.05%	6.82%	0.90%	0.31%	0.21%	0.83%	10.80%	5.58%	2.29%	1.60%	7.75%	2.89%	1.89%	0.48%	2.50%	0.78%	7.89%
Paediatric Beds	25.60%	0.20%	5.58%	2.89%	0.36%	1.31%	2.05%	14.22%	11.56%	5.55%	3.15%	2.91%	5.52%	1.13%	0.38%	8.08%	0.05%	9.45%
Respiratory Beds	41.13%	0.28%	5.71%	0.51%	1.50%	0.16%	1.62%	10.45%	4.67%	2.65%	2.09%	10.54%	2.66%	3.02%	0.30%	2.40%	0.87%	9.42%
Same Day Emergency Care (SDEC)	33.71%	0.53%	6.59%	1.42%	0.30%	0.18%	0.85%	13.60%	9.00%	3.03%	2.07%	8.00%	3.19%	1.90%	0.38%	3.00%	1.44%	10.83%
Stroke Beds	38.59%	0.85%	4.28%	0.97%	0.20%	0.05%	0.28%	13.18%	5.39%	2.33%	1.22%	11.51%	3.18%	3.05%	1.59%	1.44%	1.74%	10.15%
T&O Beds	59.54%	1.09%	9.52%	0.37%	0.10%	0.10%	0.46%	8.70%	4.13%	0.57%	0.69%	4.87%	1.33%	2.23%	0.60%	1.33%	0.32%	4.04%
Theatre Productivity - BADS	45.59%	0.88%	6.89%	0.47%	0.11%	0.19%	0.49%	11.62%	6.67%	1.87%	2.06%	6.18%	2.20%	1.48%	0.41%	1.79%	1.57%	9.53%
Womens Beds	38.71%	1.06%	5.46%	0.64%	0.16%	0.09%	0.21%	9.32%	5.05%	3.10%	1.97%	6.40%	4.38%	2.32%	0.11%	1.70%	1.74%	17.56%

Commentary

We have our local population percentage breakdown, and are showing variation based on red/pink shows 80% above the population and yellow/amber shows 80% below population.

Not Known – means we do not know the patients ethnicity

Not Stated – means the patient has declined to state their ethnicity (the ED type 3 – UTC large percentage is due to a coding issue from our third party company)

Board Level Metrics: How to Interpret SPC Charts

An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation **(common cause)** in performance and unusual patterns **(special cause)** in data which are unlikely to have occurred due to chance and require investigation. They can also **provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target** without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.