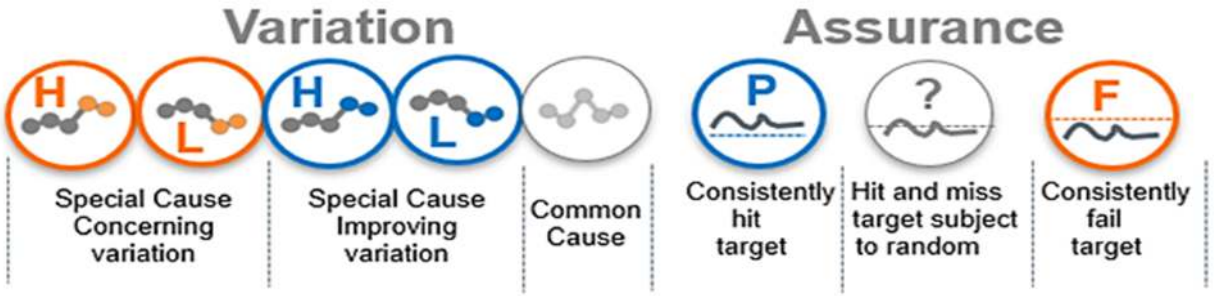
Sandwell and West Birmingham Hospitals NHS Trust

Board Level Metrics & IQPR Exceptions SEPTEMBER 2022

Board Level Metrics	Development Update	
Domain	**Finalised**	**Amendment / work to be done.**
Patients	SHMI, Complaints per 1000 WTE Patient safety incidents, Patient Safety (Moderate Harm or above), Doctor – in post, Nurse band 5 – vacancies Friends & Family Test (FFT) Recommended % Performance Against Capital Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s) Performance Against Cash Plan (Variance to Plan - £000s)	
	Emergency Care – 4 hour wait, Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Ambulance Handovers over 30 mins.	New Indicators – regarding Ambulance turnaround times. We have obtained ambulances handovers overs taking more than 30 minutes. We are working on obtaining intelligent ambulance conveyances.
People	Staff Survey , Turnover Monthly ,Staff Survey - National	
Population	2 Hour Community Response Admission Avoidance Readmissions within 30 Days Rate per 1000 Bed Days, Days Exceeded Target Discharge Date	
MMUH	Occupied Bed Days, Older People Bed Days, Cardiology Bed Days	A meeting has taken place regarding Community contacts target.

Board Level Metrics – Patients/People | Variation / Assurance

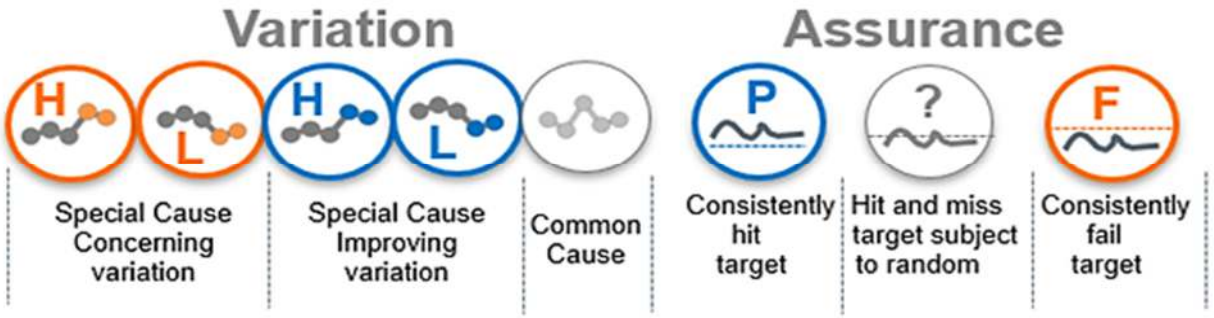


The matrix below shows how each metric is performing:

- 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**			Nurse Band 5 Vacancies	
	Common Cause		SHMI, Patient Safety (Moderate Harm or Above) , Turnover(Monthly), Complaints per 100 WTE, Patient Safety Incidents	Staff survey, Doctor in post,	Performance Against Capital Plan (Variance to Plan - £000s), Performance Against Cash Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s), FFT Combined Score,
	Special Cause : Concern		62 Day Cancer,	Emergency Care 4-Hour Waits, RTT-Incomplete Pathway(18-Weeks), Sickness Absence,	Ambulance Handovers

Board Level Metrics Population/MMUH | 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**		Emergency Readmissions within 30 days		Pathway 0
	Common Cause		Occupied Bed Days Cardiology Bed Days, 2hr Community Response,	Admission Avoidance, Older people Bed Days	Days Exceeded Target Discharge Date, Pathway 1, Pathway 2, Pathway 3, Pathway 4
	Special Cause : Concern				

IQPR / Board Level Metric Exceptions

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

Areas of Concern

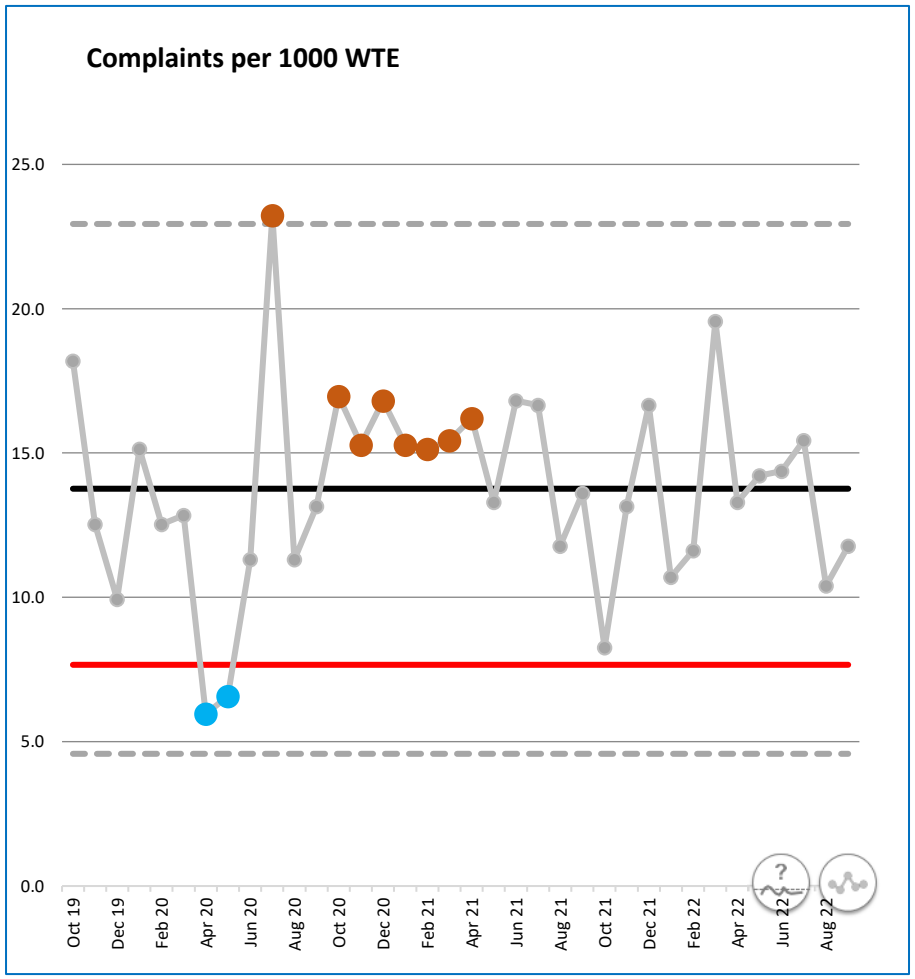
- **MRSA Screening – Non-Elective:** The results from the prior month showed a considerable drop of 13.7%, Reporting at 58.3% which is lowest in past 10 months
- **Hip Fractures Best Practice Tariff (Operation < 36 hours of admissions):** We saw a decrease in performance of 21.2% from previous month reporting at 71.4 % and we failed to achieve the target this month.
- **62 Day (referral to treatment from hospital specialist)** :In August we failed to meet the target and saw a decline of 12% from the previous month reporting at 78.3%
- **No. of Sitrep Declared Late Cancellations - Total** : This has grown by double over the previous five months, registering at 60 for the current month, greatly above our target of 20.
- **No. of Sitrep Declared Late Cancellations – Avoidable**: The number significantly increased in September, reporting at 26, which is the most in the previous six months.
- **20WD: Stroke Admission to Thrombolysis Time (% within 60 mins):** This month, we saw a substantial fall in performance; our achievement of 66.7% was the lowest in the previous five months**.**
- **RTT Backlog:** An increase of 6% (1362) in patients on the RTT Backlog was observed in August (25057) in comparison to the previous month.
- **C.Difficile (Post 48-hours):** There were 3 cases reported in September, down from last month but still off our internal trajectory. We have had 19 in the first six months, with an annual internal target of 33. National Target 41 per annum.

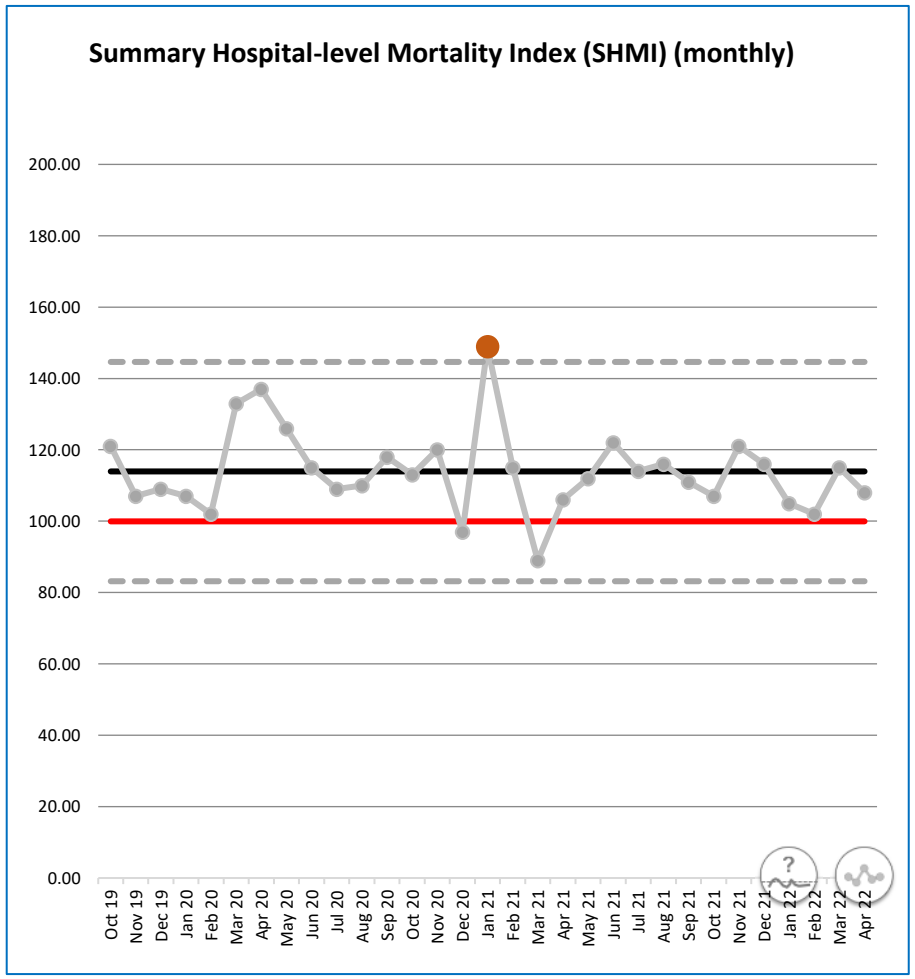
Areas of Good Performance

- **No of Second or Subsequent Urgent Operations Cancelled:** We reported 0 subsequent urgent operations cancelled which shows a decline in number from previous month.

- **62 Day (referral to treatment from screening):** In July we failed to meet the target but in August we achieved the 85% target reporting 91.3 %

Patients





Commentary

This shows common cause variation. Our complaints per 1000 Whole Time Equivalents (WTE) are high. Latest Public view ranking was 113 out of 119 trusts [Q4 21/22]. In September we have seen a increased rate of complaints from 10.3 (August) up to 11.7 per 1000 WTE.

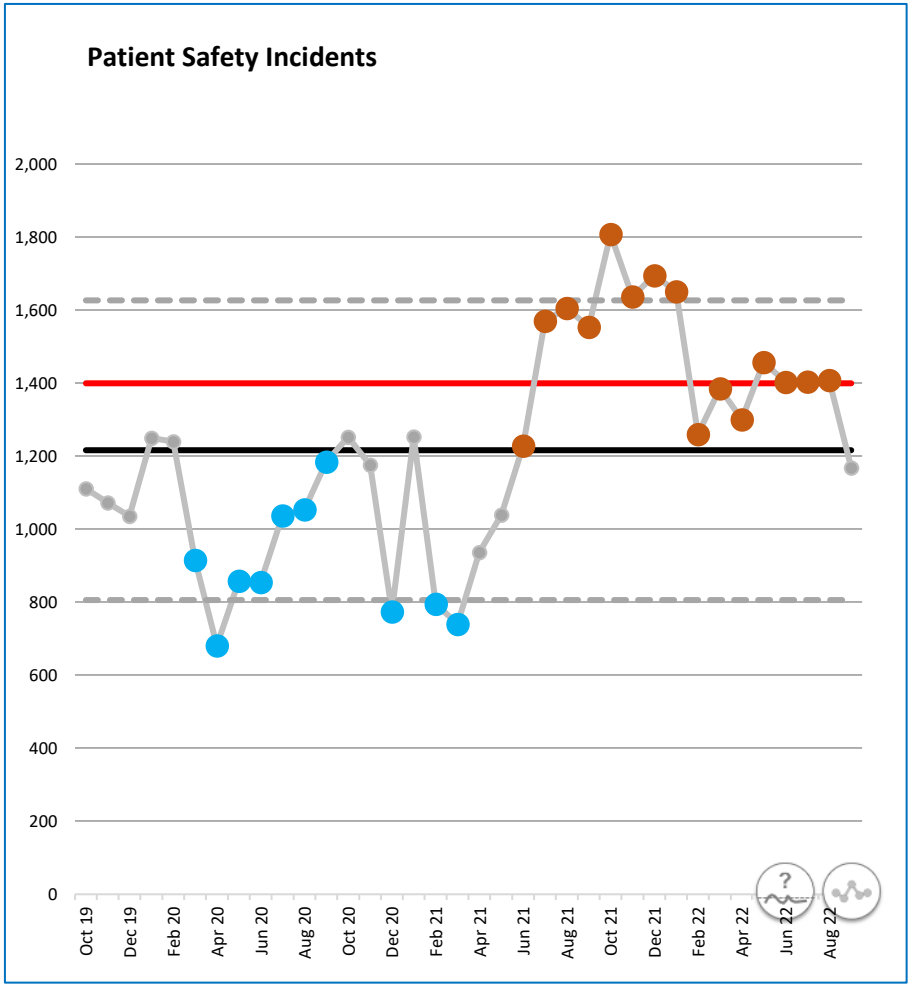
Quartile 4 – Inadequate

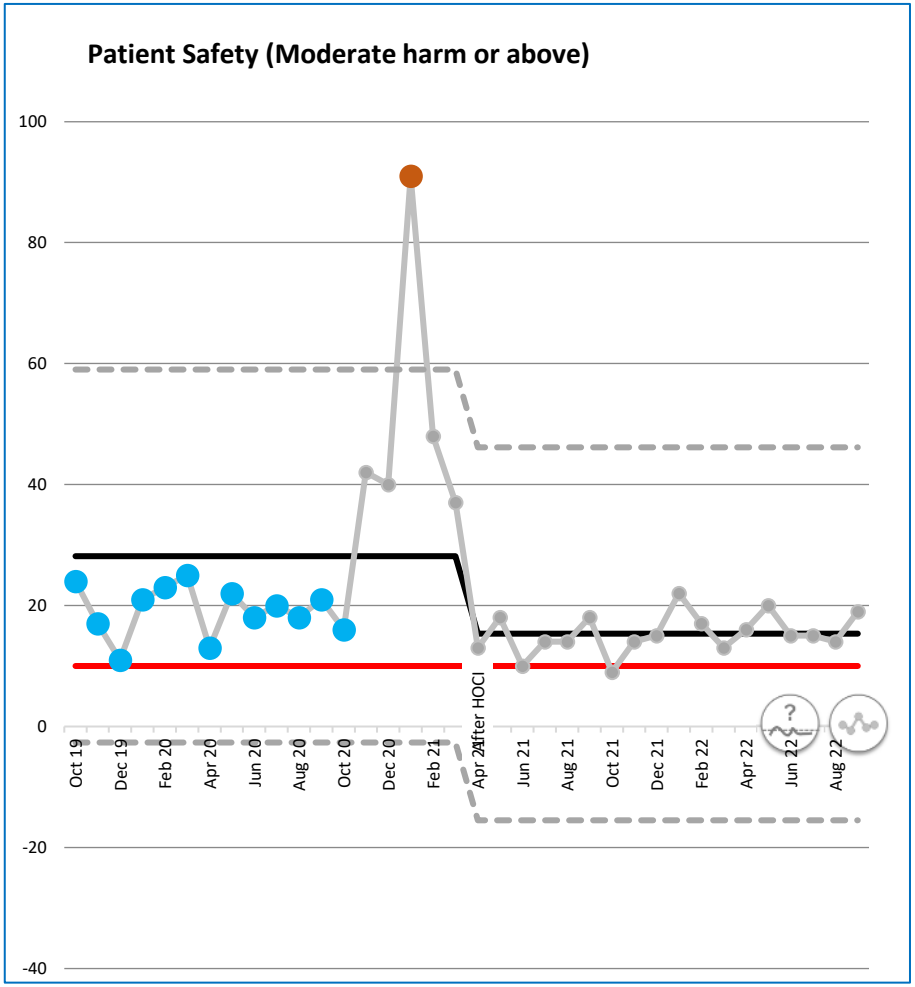
Commentary

Common cause variation is seen through most of the period indicating a predictable process. We were ranked 69th out of 121 Trusts as of May 2022 using 12-month cumulative performance from Public View.

Quartile 3 – Requires Improvement

Patients





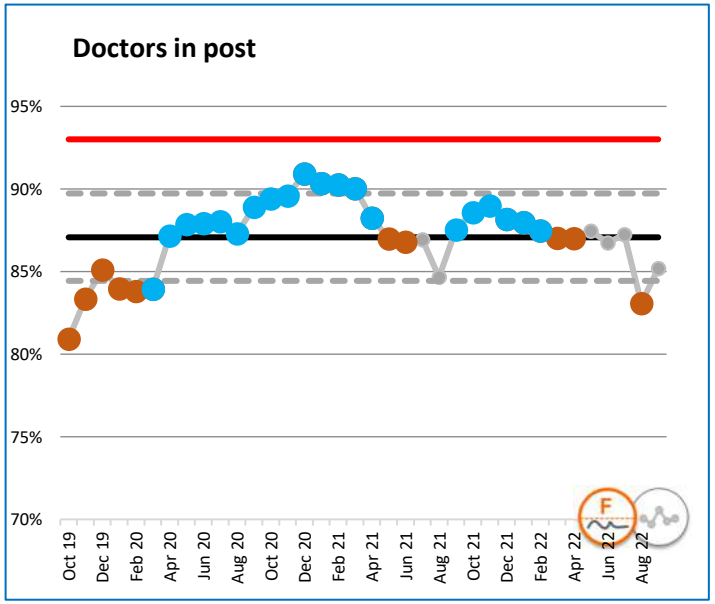
Commentary

This shows common cause variation above the target. Whilst this may show we are reporting incidents our actual incidents causing moderate harm or above are above target.

Commentary

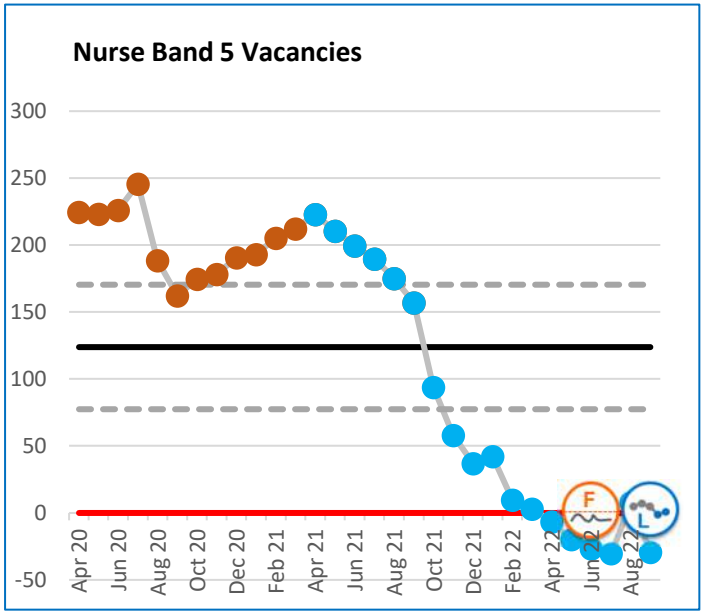
This shows common cause variation but above the target.

Patients



Commentary

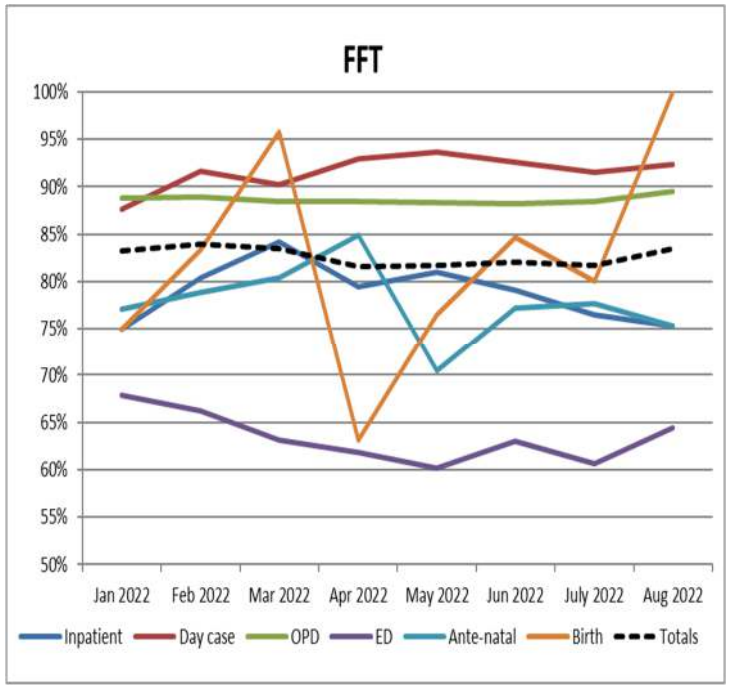
This shows common cause concern this month, however it is believed last month's astronomical data point was caused by the junior doctor rotation.



Commentary

This shows special cause improving variation.

This is based on the Electronic Staff Record (ESR), we have no vacancies for nurses on Band 5.

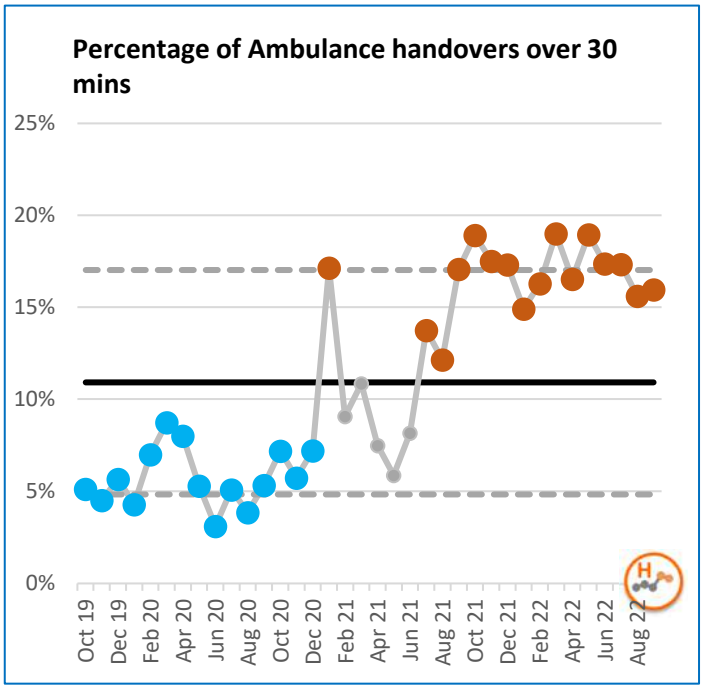


Commentary

Friends and Family scores are stable between 80 and 85% (dotted line).

Variation per point of delivery is significant with ED being a high-volume area with poor scores.

Birth scores are volatile due to their low numbers.



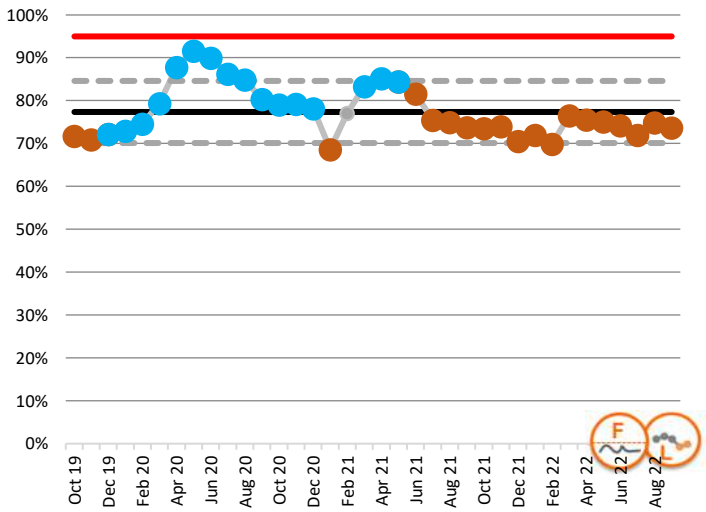
Commentary

This shows special cause concern.

We are looking to find some hospital comparison data so that we can benchmark our performance.

Patients

Emergency Care 4-hour waits



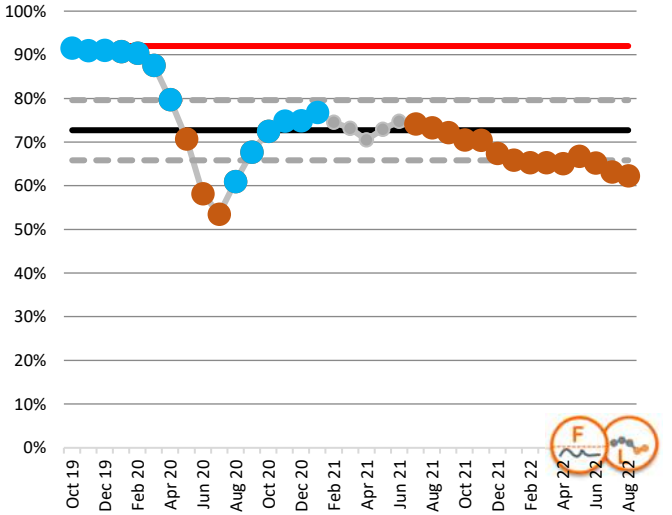
Commentary

This shows special cause concern.

Despite the variation SWB was ranked 27rth out of 107 in September 22.

Quartile 2: ***Good***

RTT - Incomplete Pathway (18-weeks)



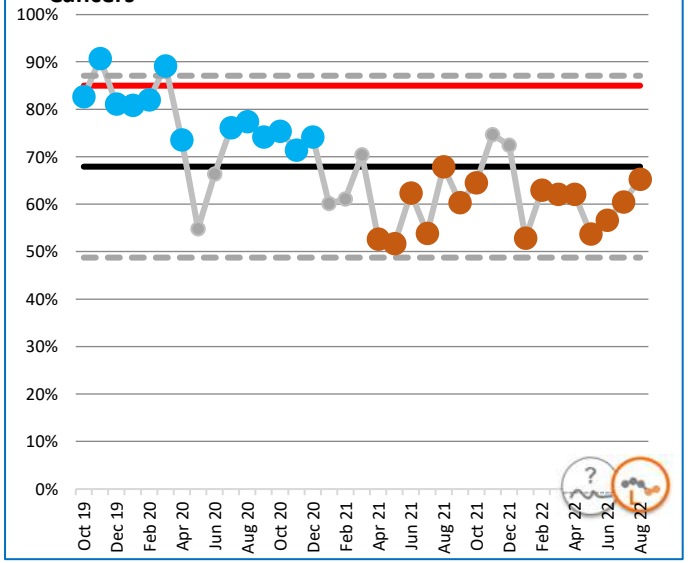
Commentary

This shows special cause concern

SWB was ranked 60th out of 120 Trusts in August 22.

Quartile 2: ***Good***

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



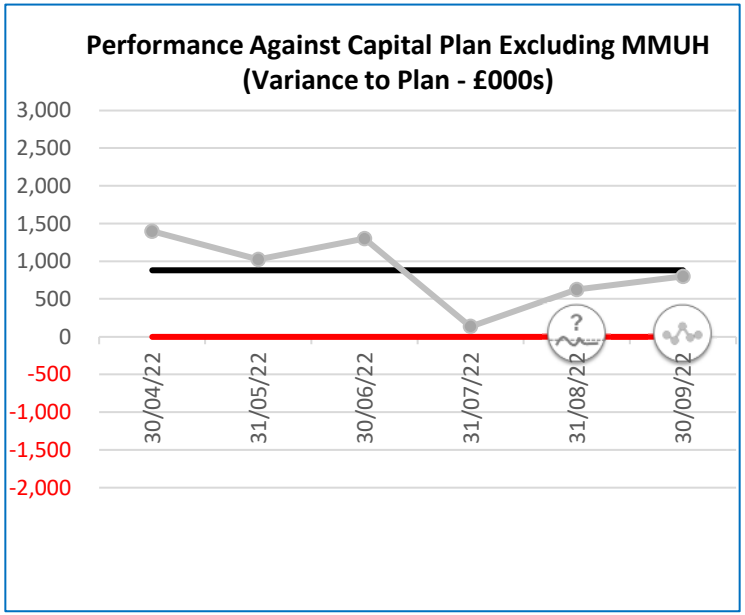
Commentary

This shows special cause concern.

SWB was ranked 56th out of 121 in August 22.

Quartile 2: ***Good***

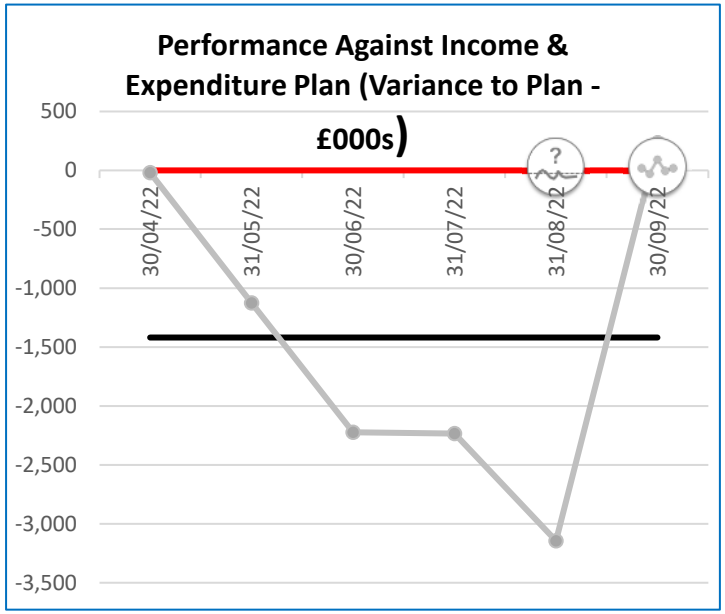
Patients



Commentary

We are underspending against our capital plan each month. We are now ~£7m behind our capital plan.

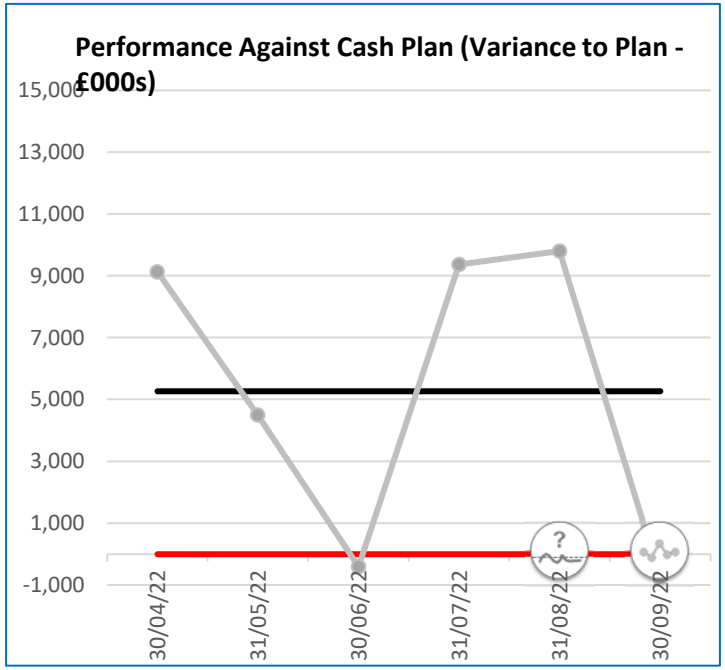
***Note**: Phasing has been Re-done after request from FIPC committee*



Commentary

After 6 months we are £8.5m adrift of our £17m deficit plan.

According to the straight line forecast we are going to spend £21m over our £17m deficit plan.

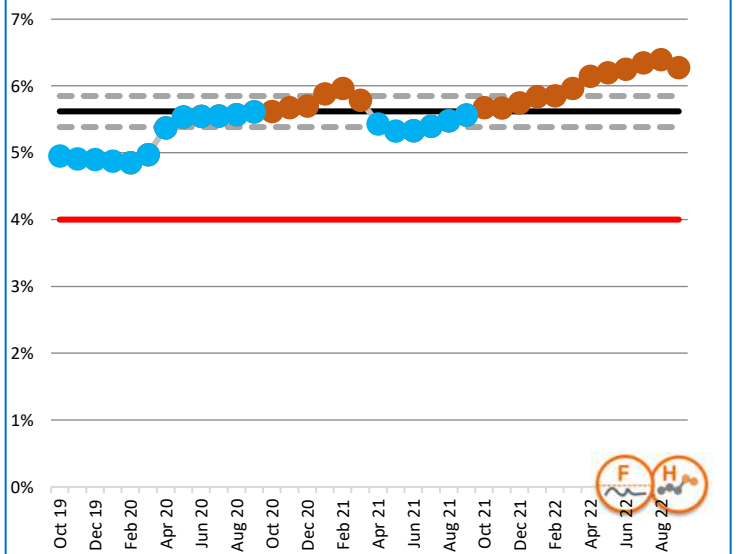


Commentary

We have accumulated £31.6m more cash than we planned to have after 6 months.

People

Sickness Absence (Rolling 12 Months)



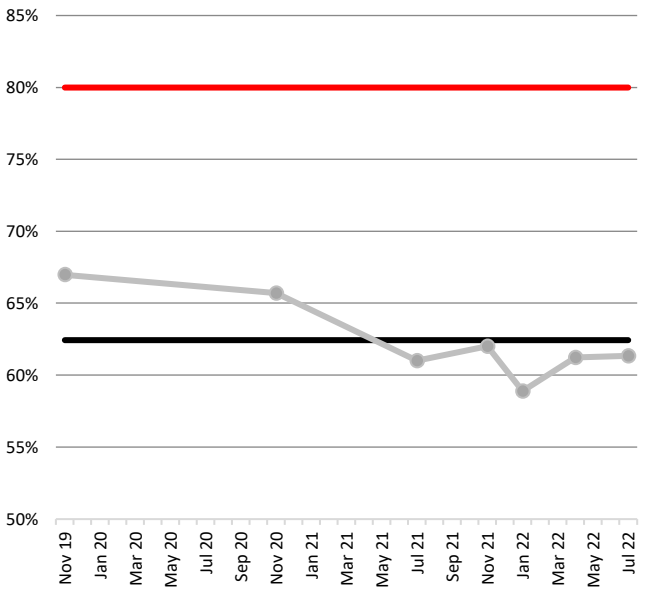
Commentary

This shows special cause concern.

The sickness absence rate was 99th out of 121 Trusts in May 22.

Quartile 4: Inadequate

Staff Survey

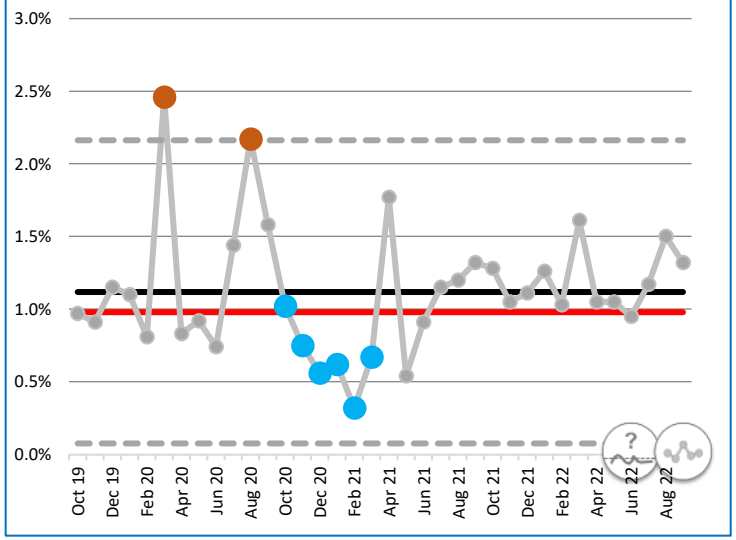


Commentary

This shows common cause variation.

With only limited data points in the graph – no upper or lower process limits have been generated.

Turnover (monthly)

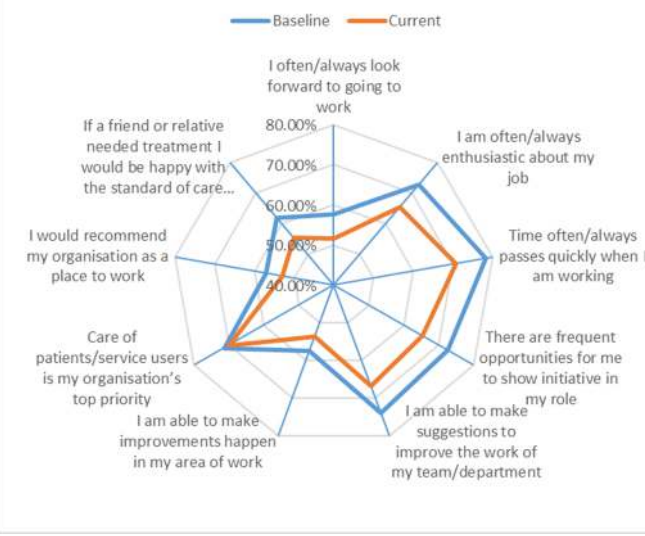


Commentary

This shows common cause variation.

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

Staff Survey (this includes National and Pulse result)



Commentary

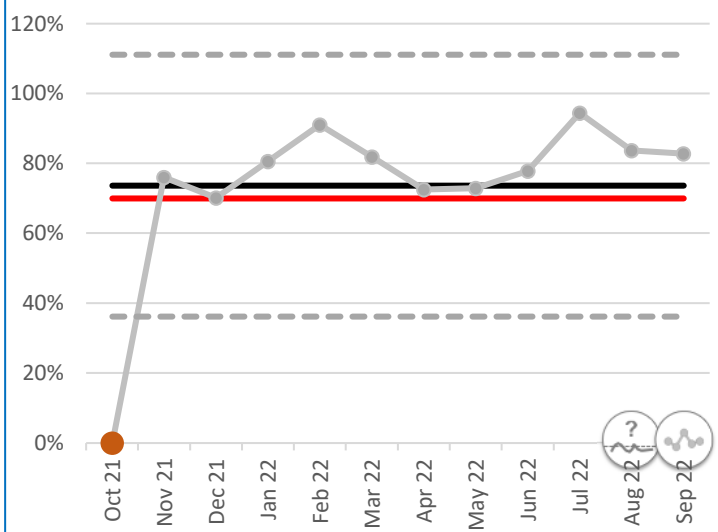
3 main areas requiring attention:

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

Target 80%

Population

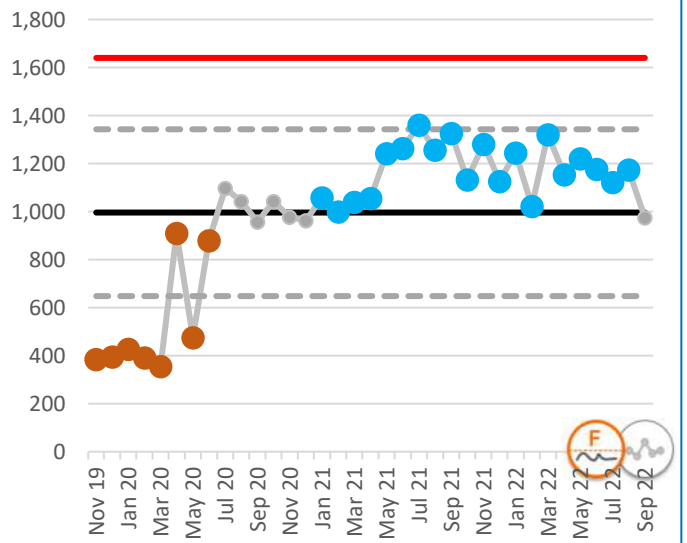
2 Hour Community Response



Commentary

This shows common cause variation around the mean and the target.

Total Admission Avoidance

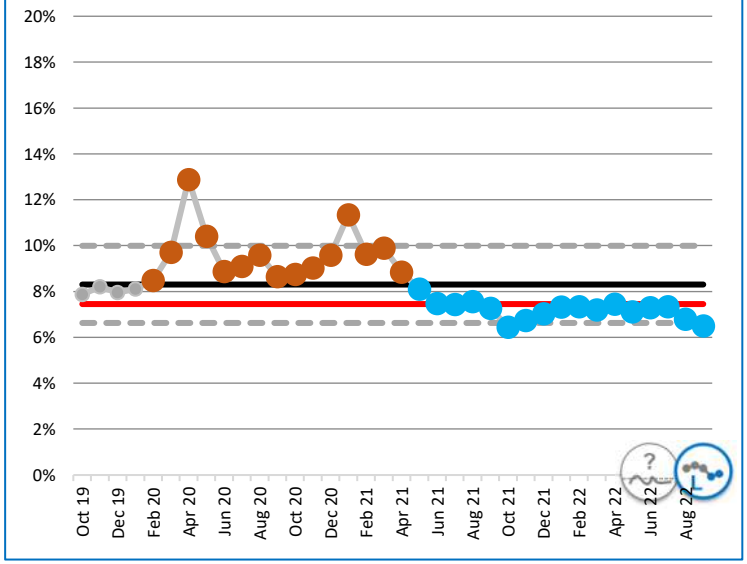


Commentary

This shows common cause improvement but we have failed to achieve the target.

Including: FIT, Covid, Hospital at Home, Palliative Care, District Nursing, and Other Admission avoidance schemes.

Emergency Readmissions (within 30 days) - Overall (exc. Deaths and Stillbirths) month

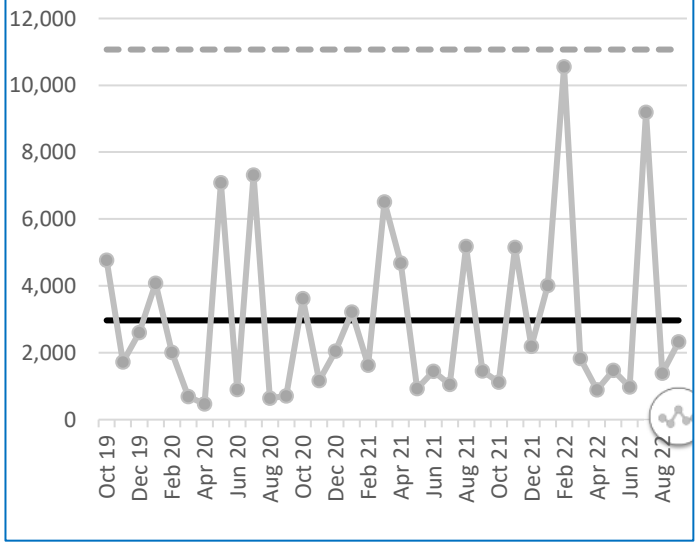


Commentary

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.

Days Exceeded Target Discharge Date

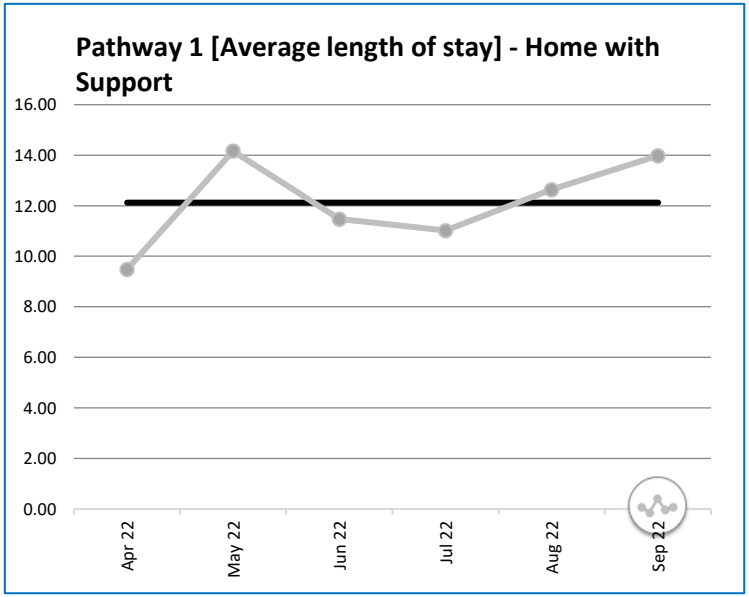


Commentary

This show common cause variation.

This counts the number days after the TDD until the end of the base ward.

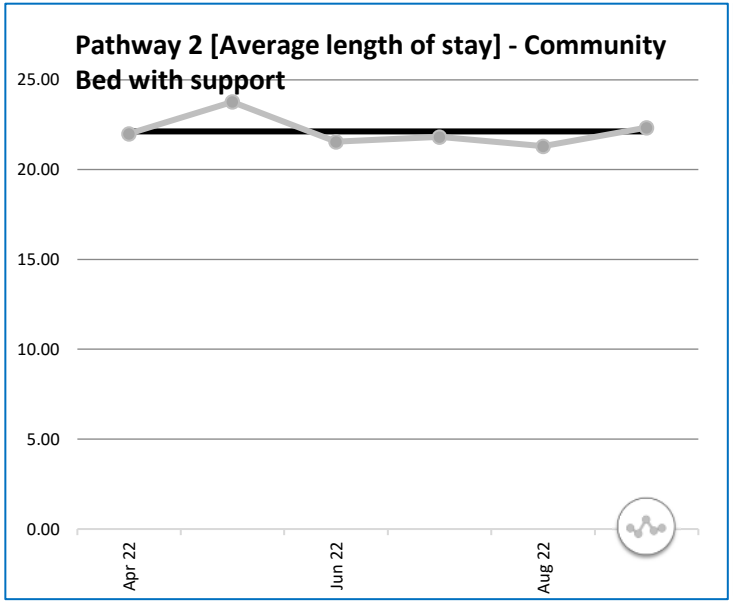
Population



Commentary

The shows common cause variation.

We do not have enough months of data for any specific analysis to be concluded.



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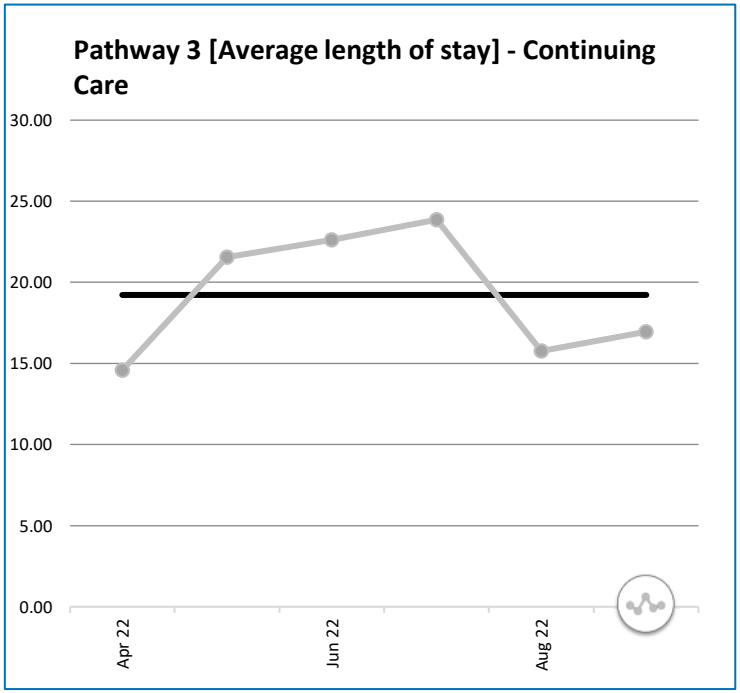

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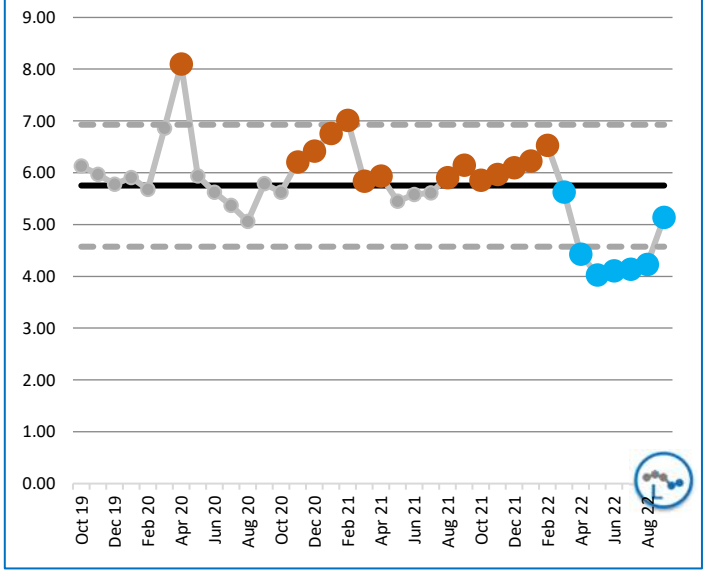
Population/MMUH

Pathway 0 [Average length of stay] - Simple Discharge

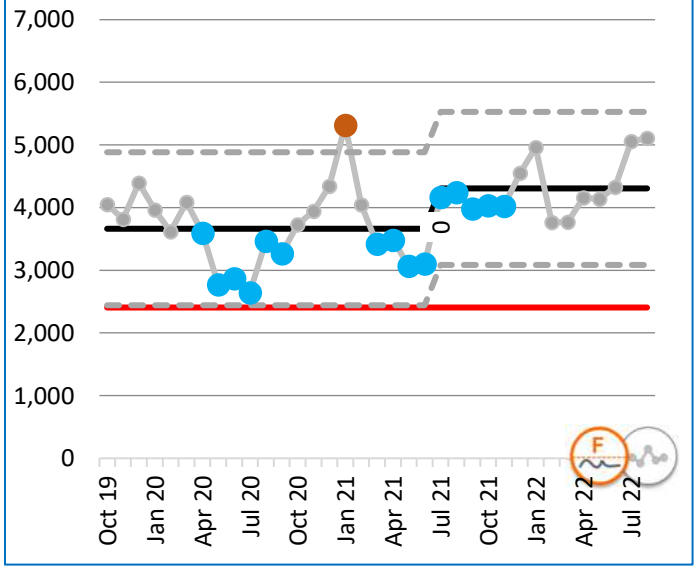


Commentary

The shows Special cause Improving variation.

However, this is likely to be related to the go live of the pathways 1-4 in April, thus taking out complex patients with a longer length of stay.

Older People Bed Days

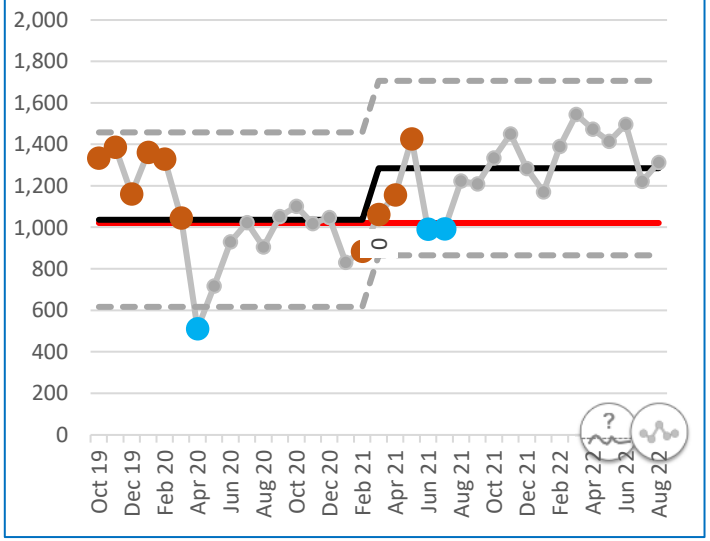


Commentary

The shows special cause concern.

This shows a gap of around 87 beds dependant on occupancy rates.

Cardiology Bed Days

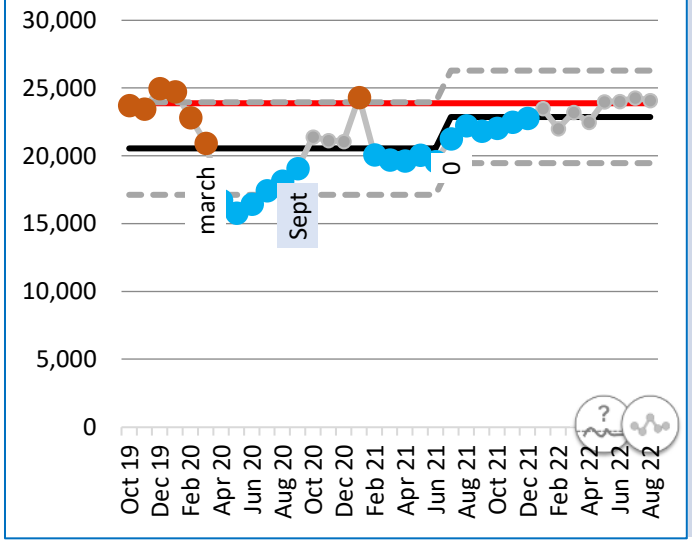


Commentary

This shows common cause Variation.

This shows a 21 bed issues. We report a month behind as activity is allocated using discharge HRGs.

Occupied Bed Days



Commentary

This shows common cause variation.

This shows a gap of between 8 and 12 beds dependant on aggregated occupancy rates, this hides variability within each bed type.

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	36.21%	27.86%	11.19%	8.10%	6.12%	4.95%	2.42%	0.81%	0.62%	0.64%	1.08%
Cardiology Beds	34.41%	29.12%	9.24%	9.66%	7.34%	4.55%	2.39%	0.68%	0.28%	0.69%	1.64%
Clinical Haematology Beds	38.25%	31.89%	13.02%	4.08%	5.76%	0.49%	3.93%	0.00%	0.15%	0.11%	2.32%
Community Contact	22.46%	41.91%	12.66%	6.08%	6.46%	6.48%	1.91%	0.68%	0.45%	0.16%	0.75%
Critical Care Beds	32.76%	26.83%	18.07%	9.31%	8.10%	1.73%	1.18%	0.00%	0.27%	0.46%	1.30%
Day Case Admissions	31.03%	25.02%	10.98%	8.97%	7.81%	5.94%	3.28%	2.13%	2.25%	1.71%	0.88%
Delivery Beds	36.91%	33.12%	14.96%	5.82%	2.42%	2.35%	1.22%	0.82%	0.42%	0.17%	1.79%
ED Type 1	37.54%	26.97%	10.80%	7.94%	5.59%	4.31%	2.08%	0.87%	0.77%	0.52%	2.62%
ED Type 1 - Ambulance Arrivals	38.28%	27.02%	10.09%	7.36%	5.62%	4.15%	2.30%	0.93%	0.78%	0.59%	2.87%
ED Type 3 (UTC)	18.53%	20.24%	7.20%	4.89%	3.59%	3.07%	1.36%	0.54%	0.39%	0.25%	39.93%
Elective Admissions	30.11%	27.28%	11.64%	9.63%	7.88%	5.51%	2.79%	1.25%	1.61%	1.29%	1.00%
Emergency Admissions	37.11%	28.07%	10.89%	8.31%	5.65%	4.35%	2.11%	0.88%	0.63%	0.50%	1.50%
Emergency Admissions - Medical Over 65	31.71%	29.76%	11.50%	8.83%	6.98%	5.83%	2.64%	1.02%	0.70%	0.63%	0.41%
Emergency Admissions - Medical Over 65 LOS	29.80%	30.88%	11.45%	8.99%	6.86%	5.79%	3.27%	0.97%	1.18%	0.42%	0.39%
Emergency Admissions - Zero LOS	38.57%	27.07%	10.61%	7.82%	5.56%	4.15%	2.19%	0.83%	0.63%	0.60%	1.99%
Emergency Admissions NOT SWB	48.86%	15.91%	9.31%	9.70%	6.05%	3.84%	1.90%	0.79%	0.82%	0.85%	1.97%
Gastroenterology Beds	37.48%	32.33%	10.12%	8.94%	4.12%	3.05%	2.68%	0.26%	0.00%	0.05%	0.97%
General Surgery Beds	34.07%	27.04%	8.96%	9.63%	8.18%	4.34%	3.27%	0.93%	2.04%	0.37%	1.17%
Geriatrics Beds	29.53%	31.10%	12.44%	8.87%	6.93%	5.79%	2.44%	0.87%	1.21%	0.69%	0.13%
Imaging Investigations	34.19%	27.13%	11.44%	8.98%	6.42%	5.28%	2.41%	1.10%	0.90%	0.65%	1.50%
Inpatient RTT Incompelete Pathways	30.68%	25.36%	11.73%	9.37%	7.79%	6.40%	3.21%	1.86%	1.80%	1.08%	0.73%
Intermediate Care Beds	25.67%	30.90%	9.48%	9.86%	7.99%	7.10%	4.78%	1.66%	1.01%	0.71%	0.86%
Maternity Beds	46.59%	26.28%	10.20%	7.62%	3.41%	1.86%	0.96%	0.50%	0.44%	0.06%	2.06%
Medicine Beds	44.06%	25.85%	9.42%	7.82%	5.95%	1.94%	1.71%	0.38%	0.29%	0.37%	2.22%
Neonatal Beds	59.53%	24.53%	5.47%	4.76%	1.86%	1.15%	0.63%	1.25%	0.00%	0.00%	0.83%
Occupied Bed Days	34.53%	28.68%	10.96%	8.42%	6.35%	4.71%	2.74%	0.91%	0.95%	0.63%	1.13%
Paediatric Beds	35.12%	30.40%	11.89%	7.81%	4.31%	3.46%	3.00%	0.90%	0.52%	0.69%	1.92%
Respiratory Beds	38.56%	32.42%	9.93%	6.40%	5.39%	4.36%	1.43%	0.46%	0.67%	0.04%	0.33%
Same Day Emergency Care (SDEC)	37.03%	27.55%	11.40%	8.55%	6.26%	4.52%	1.76%	0.76%	0.60%	0.38%	1.19%
Stroke Beds	36.06%	25.38%	12.26%	6.61%	7.53%	4.40%	4.03%	0.63%	1.31%	0.42%	1.35%
T&O Beds	28.13%	27.00%	14.50%	9.81%	6.80%	7.58%	2.80%	1.41%	1.02%	0.22%	0.73%
Theatre Productivity - BADS	29.36%	23.36%	11.32%	9.16%	8.38%	7.07%	4.03%	2.41%	2.22%	2.03%	0.66%
Womens Beds	32.68%	21.20%	9.62%	12.72%	7.71%	3.46%	3.30%	2.04%	4.49%	1.83%	0.95%

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	41.62%	1.30%	5.97%	0.94%	0.20%	0.12%	0.65%	11.21%	5.94%	2.12%	1.53%	7.17%	2.21%	1.27%	0.26%	1.67%	1.46%	14.37%
Cardiology Beds	41.34%	1.40%	6.21%	0.13%	0.00%	0.00%	0.06%	16.89%	7.45%	1.76%	0.93%	7.73%	1.51%	0.80%	0.09%	1.40%	1.00%	11.30%
Clinical Haematology Beds	26.72%	2.10%	2.69%	0.15%	0.41%	0.00%	0.37%	6.32%	8.05%	1.12%	0.07%	11.90%	6.44%	5.88%	0.90%	3.97%	3.63%	19.27%
Community Contact	52.85%	0.48%	6.02%	1.68%	0.24%	0.49%	6.92%	9.29%	3.96%	1.42%	0.93%	3.80%	1.65%	1.60%	0.14%	2.27%	2.94%	3.32%
Critical Care Beds	37.20%	3.96%	5.23%	0.50%	0.00%	2.91%	0.09%	16.36%	1.75%	0.68%	0.32%	9.08%	3.23%	1.37%	0.68%	3.66%	0.86%	12.10%
Day Case Admissions	42.50%	0.91%	6.63%	1.03%	0.25%	0.20%	0.58%	10.77%	7.54%	2.26%	2.22%	8.08%	2.90%	2.10%	0.35%	2.31%	1.04%	8.34%
Delivery Beds	18.96%	0.00%	10.87%	2.00%	0.38%	0.36%	1.16%	10.95%	16.23%	5.11%	2.59%	4.22%	8.43%	0.67%	0.08%	3.59%	0.48%	13.93%
ED Type 1	28.76%	0.51%	5.64%	1.48%	0.34%	0.43%	1.17%	11.78%	8.00%	3.14%	2.31%	6.32%	3.54%	1.53%	0.35%	3.62%	1.20%	19.88%
ED Type 1 - Ambulance Arrivals	35.31%	0.80%	5.65%	0.84%	0.23%	0.25%	0.86%	9.81%	6.40%	2.42%	1.64%	5.21%	2.31%	1.24%	0.21%	2.42%	1.49%	22.92%
ED Type 3 (UTC)	9.12%	0.00%	0.05%	0.14%	0.06%	0.03%	0.08%	0.19%	2.66%	0.82%	4.06%	0.95%	1.17%	0.13%	0.10%	2.37%	77.53%	0.56%
Elective Admissions	42.75%	1.04%	7.63%	0.64%	0.32%	0.29%	0.86%	11.10%	8.56%	2.47%	2.22%	6.30%	2.72%	2.01%	0.32%	2.54%	1.40%	6.84%
Emergency Admissions	32.56%	0.82%	6.07%	1.41%	0.38%	0.34%	0.92%	12.01%	7.69%	3.46%	2.05%	6.29%	3.91%	1.18%	0.32%	3.13%	0.99%	16.48%
Emergency Admissions - Medical Over 65	49.13%	2.11%	6.73%	0.15%	0.02%	0.08%	0.31%	11.65%	5.01%	1.62%	0.88%	7.17%	0.57%	0.89%	0.32%	0.70%	1.57%	11.08%
Emergency Admissions - Medical Over 65 LOS	52.72%	1.58%	7.98%	0.19%	0.01%	0.10%	0.39%	10.14%	3.52%	0.96%	0.70%	6.56%	0.57%	0.95%	0.25%	0.44%	1.50%	11.43%
Emergency Admissions - Zero LOS	26.53%	0.56%	6.03%	1.97%	0.51%	0.49%	1.30%	12.73%	9.25%	4.06%	2.32%	5.63%	4.64%	1.21%	0.33%	3.91%	0.83%	17.71%
Emergency Admissions NOT SWB	18.55%	1.05%	3.61%	1.32%	0.46%	0.30%	0.90%	9.87%	10.70%	4.71%	2.08%	8.43%	5.62%	1.41%	0.47%	3.64%	1.19%	25.67%
Gastroenterology Beds	44.82%	0.72%	6.57%	1.99%	0.08%	1.06%	1.11%	18.44%	5.03%	1.58%	0.85%	3.34%	2.17%	0.89%	0.19%	1.14%	0.95%	9.08%
General Surgery Beds	43.79%	0.71%	6.62%	0.67%	0.16%	0.10%	0.40%	12.56%	4.90%	2.05%	2.12%	6.52%	3.76%	1.23%	0.57%	2.21%	1.45%	10.18%
Geriatrics Beds	53.51%	1.77%	8.61%	0.25%	0.00%	0.11%	0.66%	7.67%	3.20%	1.07%	0.77%	6.40%	0.63%	0.93%	0.25%	0.57%	1.51%	12.09%
Imaging Investigations	29.30%	0.59%	8.62%	1.13%	0.28%	0.35%	0.78%	11.86%	7.37%	2.85%	2.23%	5.96%	4.26%	1.31%	0.38%	2.89%	6.93%	12.91%
Inpatient RTT Incompelete Pathways	36.27%	0.89%	9.82%	1.06%	0.21%	0.27%	0.61%	11.49%	7.00%	2.25%	2.27%	5.51%	3.26%	1.40%	0.36%	2.99%	7.14%	7.20%
Intermediate Care Beds	58.21%	0.38%	9.27%	0.29%	0.10%	0.14%	0.92%	6.78%	0.95%	0.14%	0.54%	6.61%	0.69%	0.45%	0.10%	0.21%	2.99%	11.23%
Maternity Beds	12.38%	0.19%	5.14%	2.73%	0.44%	0.41%	0.97%	12.03%	11.20%	6.59%	3.38%	7.18%	8.57%	0.52%	0.43%	4.43%	0.59%	22.83%
Medicine Beds	35.13%	0.46%	5.75%	1.66%	0.13%	0.07%	1.07%	11.29%	6.99%	1.42%	1.10%	9.35%	6.00%	1.78%	0.07%	3.14%	0.63%	13.94%
Neonatal Beds	10.07%	0.00%	5.28%	2.05%	2.19%	0.07%	0.28%	6.55%	5.31%	1.74%	0.45%	4.27%	3.58%	0.24%	0.00%	6.53%	0.00%	51.41%
Occupied Bed Days	41.74%	1.01%	6.97%	0.87%	0.22%	0.23%	0.70%	10.72%	5.47%	1.84%	1.37%	6.82%	2.88%	1.05%	0.25%	1.90%	1.49%	14.45%
Paediatric Beds	21.33%	0.16%	6.38%	1.87%	0.95%	0.69%	1.56%	11.91%	11.28%	3.58%	2.65%	6.69%	7.04%	0.73%	0.29%	8.38%	0.12%	14.41%
Respiratory Beds	40.57%	2.04%	4.57%	1.80%	0.39%	0.39%	0.78%	13.33%	3.29%	1.91%	1.94%	8.53%	2.34%	0.88%	0.09%	0.93%	2.72%	13.49%
Same Day Emergency Care (SDEC)	30.74%	0.63%	6.66%	1.13%	0.29%	0.25%	0.81%	12.96%	9.03%	3.58%	2.08%	7.63%	3.86%	1.63%	0.27%	3.20%	1.13%	14.11%
Stroke Beds	38.68%	1.03%	6.83%	1.05%	0.15%	0.19%	1.01%	11.35%	6.44%	1.72%	0.97%	9.13%	2.15%	1.91%	0.25%	0.59%	1.52%	15.04%
T&O Beds	52.74%	0.58%	8.24%	0.26%	0.07%	0.10%	0.38%	10.65%	3.51%	0.76%	1.93%	3.84%	1.23%	0.41%	0.20%	1.32%	2.06%	11.69%
Theatre Productivity - BADS	43.68%	1.09%	6.94%	0.88%	0.25%	0.19%	0.56%	11.98%	6.44%	2.44%	2.53%	5.94%	2.41%	1.22%	0.28%	1.94%	1.53%	9.69%
Womens Beds	37.84%	1.19%	6.55%	1.16%	0.36%	0.03%	0.41%	9.31%	6.65%	2.66%	1.26%	5.75%	2.40%	1.83%	0.23%	2.42%	1.19%	18.75%

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.