



**Sandwell and West
Birmingham Hospitals**

NHS Trust

Board Level Metrics & IQPR Exceptions

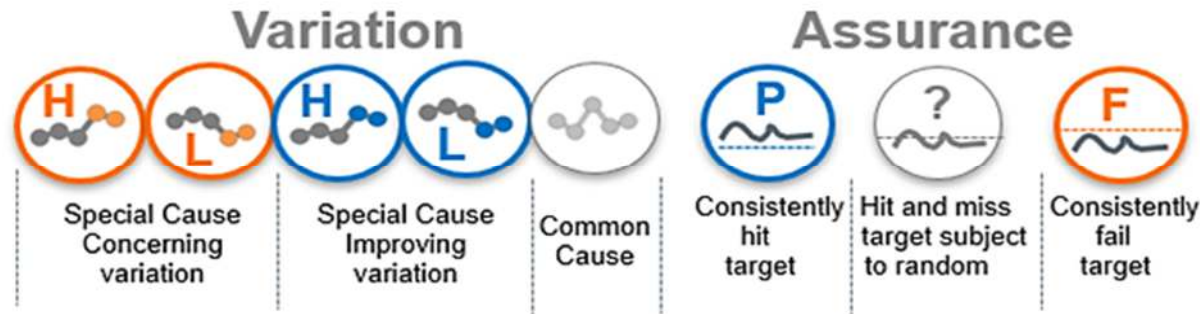
INTEGRATED PERFORMANCE REPORTING – JANUARY 2022

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Board Level Metrics

Development Update

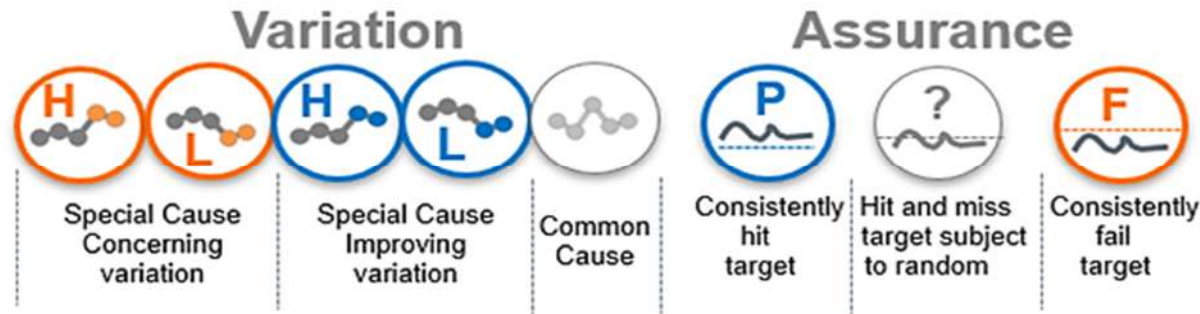
Domain	Finalised	In Development	No Target Set
Safe Medical Director Chief Nurse	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Safe Staffing (doctors), MRSA Screening - Elective, MRSA Screening - Non Elective	Safe Staffing. (Nurses and HCA). The process/system for collecting nurse staffing levels at each ward, three times a day has been agreed and developed. A meeting is being arranged by the Diane Eltringham (Deputy Chief Nurse) to agree how this will be launched.	
Caring Chief Nurse	Friends & Family Test (FFT) Recommended% and Responded% Perfect Ward – Average Score, Perfect Ward – Number of Inspections	Perfect Ward. We have contacted Sarah Carr-Cave to suggest Targets for both of the Perfect Ward indicators and this has now been provided.	
Responsive Chief Operating Officer	Emergency Care – 4 hour wait, Emergency Care Attendances. Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Urgent Community Response (2 hour)	Urgent Community Response. We have contacted Ruth Williams to obtain a Target to work towards and this has now been provided.	
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	PREMS / PROMS. The Director of Partnerships and Innovation has an action to discuss the removal of PROMS from the Board Level Metrics at PMC.	
Well-Led Chief People Officer & Director of Governance	Days lost to sickness Absences, Turnover monthly, Risk Mitigation, Pulse Survey	Pulse Survey. A meeting has been held between P&I and Communications to discuss how we include Pulse/National Survey data into the board level metrics to show progress over time. We are expecting now to show a time series graph next month with radar graph showing performance.	Risk Mitigations
Use of Resources Chief Finance Officer	Better Practice Performance Compliance		
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)	We have contacted Mike Carr regarding the Community Contacts target. We have contacted Martin Chadderton regarding the Imaging Investigations target as he created there MMUH model.	Community Contacts Imaging Investigations



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, Days lost to Sickness Absences	Sepsis Treated within 1 Hour, Perfect Score – Number of Inspections, Urgent Community Response (2 hour),	
	Common Cause		HSMR, SHMI, E-coli, C-difficile, Serious Incidents, 62 Day Cancer, Turnover (monthly), Patient Safety Severe Incidents, MRSA Screening – Non Elective, Perfect Score – Average Score	MRSA Screening – Elective, FFT % Recommend, SDEC, Doctor – Safe Staffing	
	Special Cause : Concern	Emergency Care Attendances	Patient safety incidents,	FFT % Response, Emergency Care 4 hour waits, RTT Incomplete Pathways (18 weeks)	Risk mitigations



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

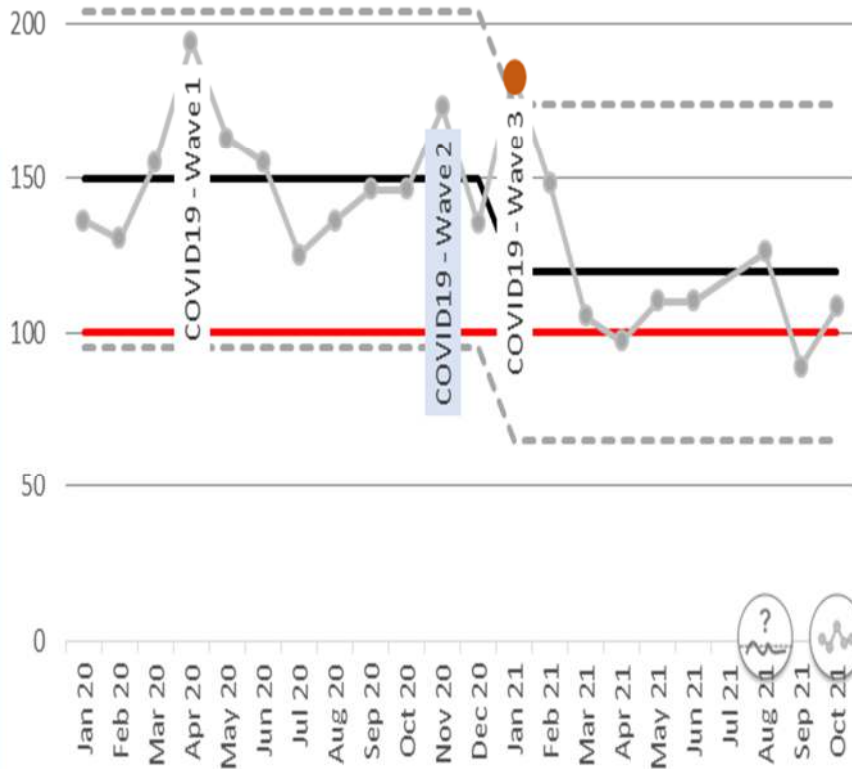
		Assurance			
		Pass	Hit & Miss	Fail	No target
Variation	Special Cause: Improvement				
	Common Cause			Emergency Admissions – Medical Over 65, SDEC, Cardiology Bed Days, Theatre Productivity BADS	Community Contacts
	Special Cause : Concern	Occupied Bed Days		Inpatient RTT Incomplete Pathways	Imaging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

Many indicators have started showing recovery during January 22 but with some exceptions.

- **Short Term Sickness Absence** – Our absence has doubled over 12 months from circa 700 short term absences to circa 1400 short term absences. Is this Covid-19 or Covid-19 related. HR reported at OMC it is mostly stress/anxiety related short term absence. OMC also discussed the introduction of the 28 day self-certification.
- **Data Quality – Ethnicity coding.** At OMC we discussed as part of our outpatient recovery the number of virtual outpatient appointment is going up but at the same time the quantity of our ethnicity coding is going down.
- **RTT performance** – although our Trust performance for December 21 is 67.4% (a reduction of 3% from the previous month) which is good benchmarked against other trusts, we have lower performing clinical groups such as Surgery (58.6%). The Clinical Directorates within Surgery are performing as follows - General Surgery 52.5%; Specialist Surgery 51.5% and Ophthalmology 71.6%.
- **Never Events** – we have had one never event in January 22.
 - Airway/Oxygen inlet port incident
- **DM01 Performance** – There has been a decrease in performance for diagnostics from November 21 when it was 71% to January 22 where it is at 65%.

Safe

Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)

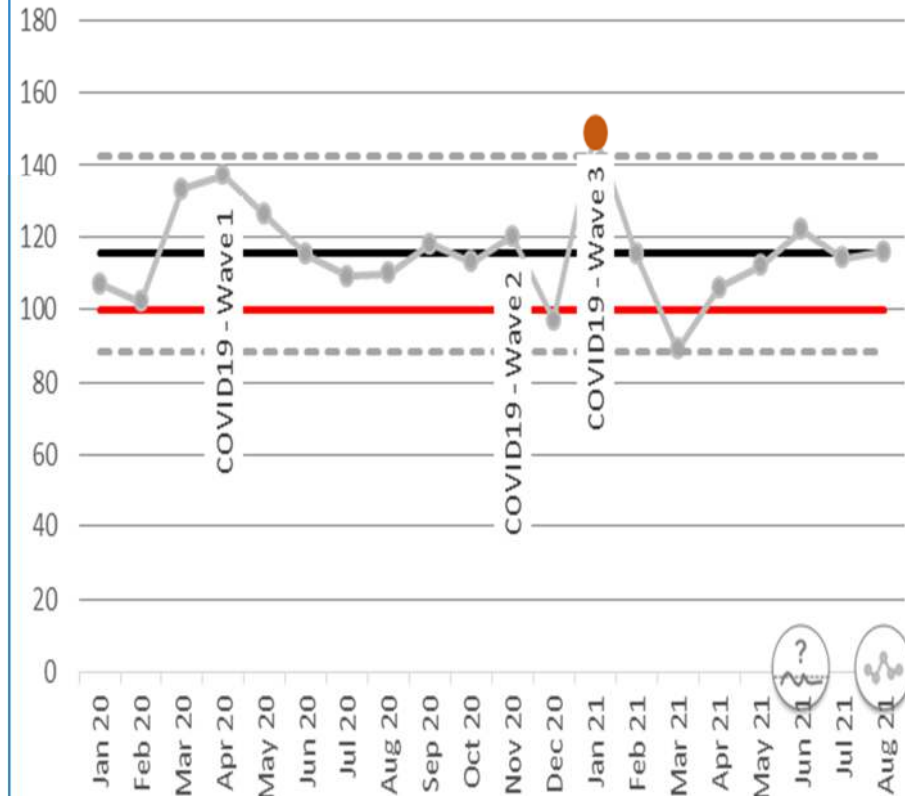


Commentary

SWB consistently falls below the HSMR national mean. Prior to COVID HSMR was elevated above national standard, and has increased demonstrably as shown by special cause variation aligned to COVID peaks.

Fundamentals of Care

Summary Hospital-level Mortality Index (SHMI) (monthly)



Commentary

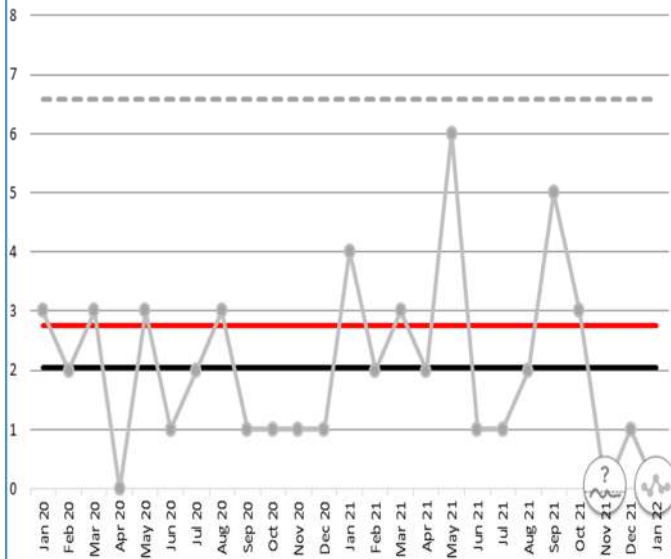
SWB fails the SHMI national mean most of the time. Common cause variation is seen throughout the period indicating a predictable process. We were ranked 106th out of 122 Trusts as of September '21 using 12 month cumulative performance from Public View.

Quartile 4 – Inadequate

Safe

Fundamentals of Care

C. Difficile (Post 48 hours)

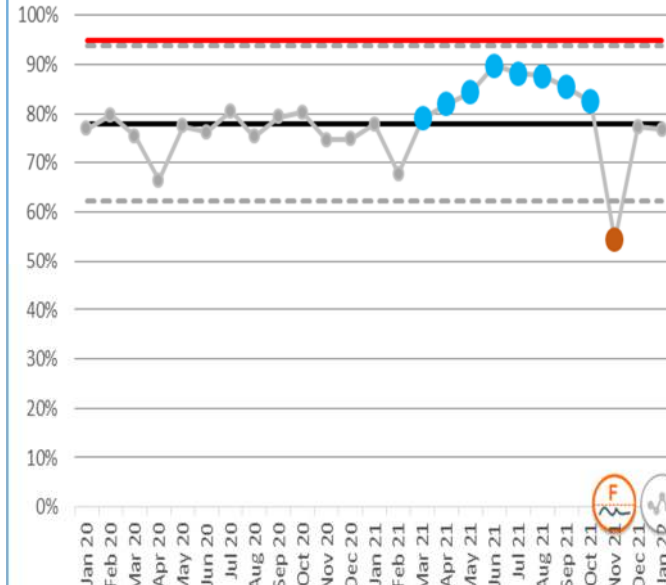


Commentary

Common cause variation . This is a largely a predictable process. SWB was ranked 63rd out of 139 Trusts in November 21.

Quartile 2: **Good**

MRSA Screening - Elective



Commentary

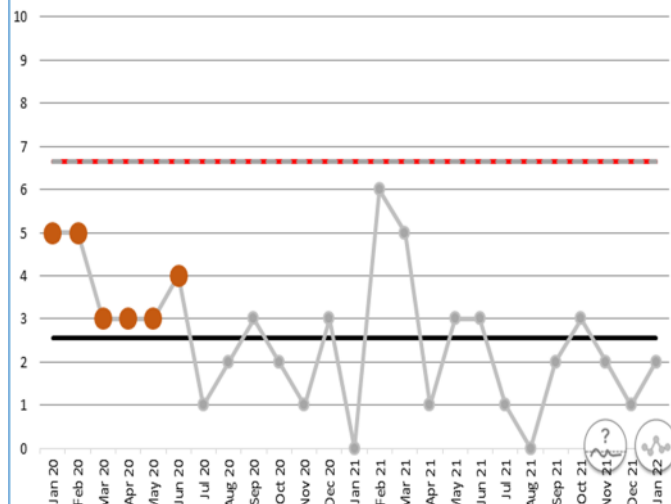
We are investigating the special cause variation and the performance since November 21.

We are in common cause variation.

MRSA all cases – November 21 shows SWB ranked 57th of 139.

Quartile 2: **Good**

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

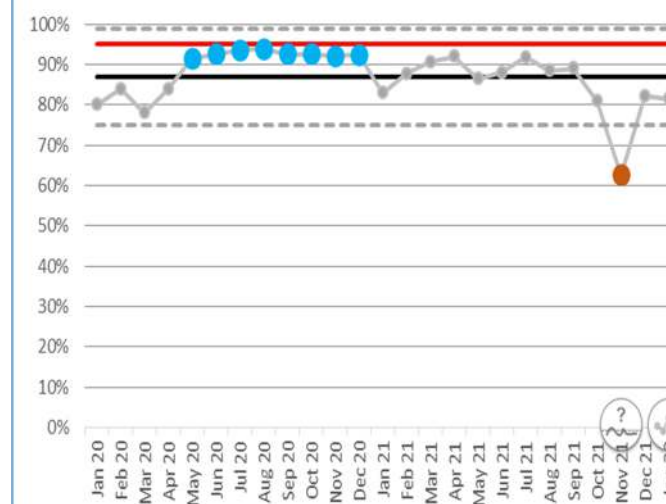


Commentary

Performance has been stable. SWB is ranked 18th out of 139 Trusts in November 21.

Quartile 1: **Outstanding**

MRSA Screening - Non Elective



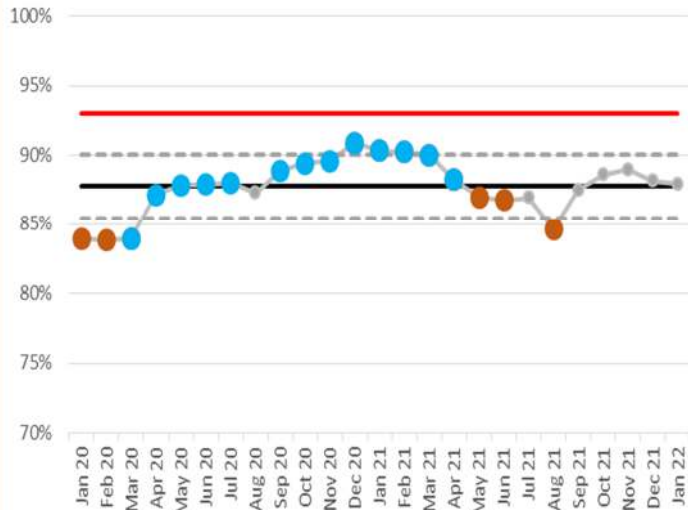
Commentary

We are investigating the special cause variation and the performance since November 21

We are in common cause variation.

MRSA all cases: Quartile 2: **Good**

Doctor - Safe Staffing (FTE)



Commentary

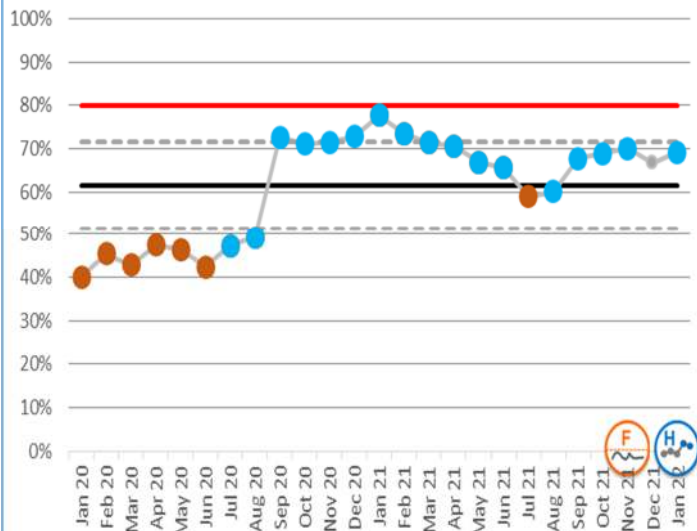
This shows common cause variation.

New Target of 93% agreed with Dr. David Carruthers.

Nursing – Safe Staffing

Commentary

Sepsis - Treated within 1 hour (as % of Screened Positive)



Commentary

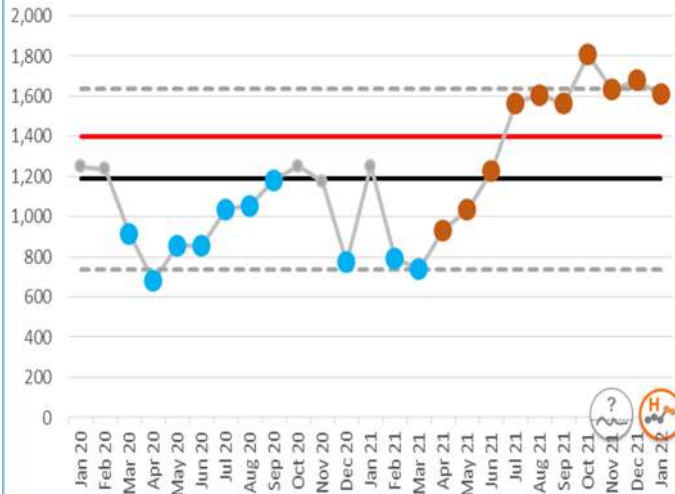
This shows special cause improvement variation.

HCA – Safe Staffing

Commentary

Safe

Patient Safety Incidents



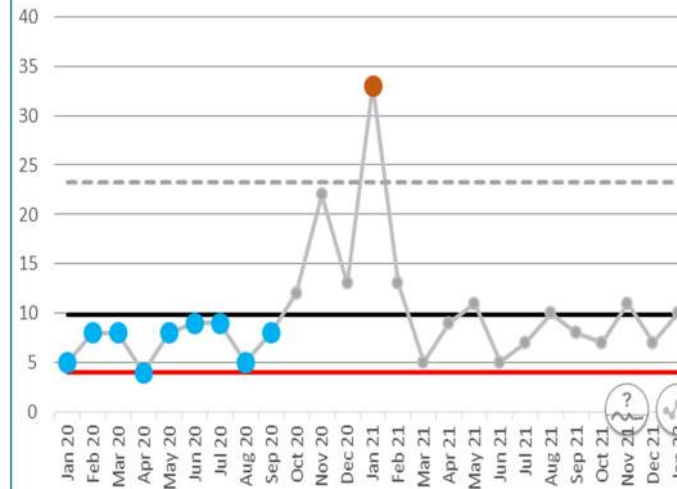
Commentary

The chart is now showing special cause for concern.

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

Executive Lead: Fundamentals of Care

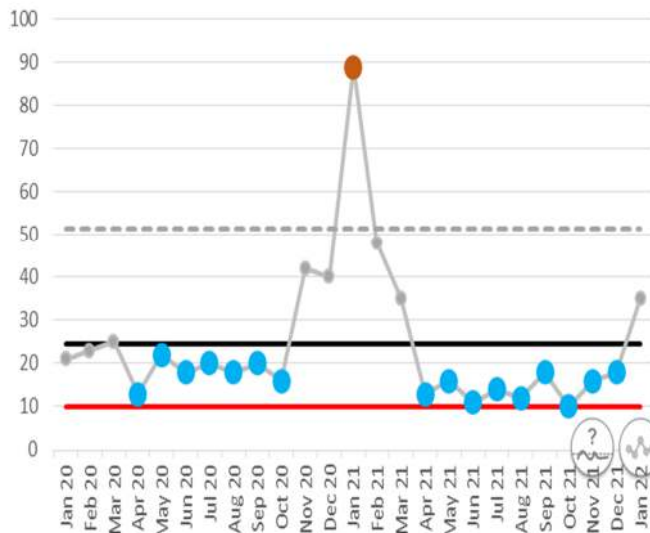
Serious Incidents



Commentary

The chart now shows Serious Incidents by incident date. A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and still shows common cause variation following this period.

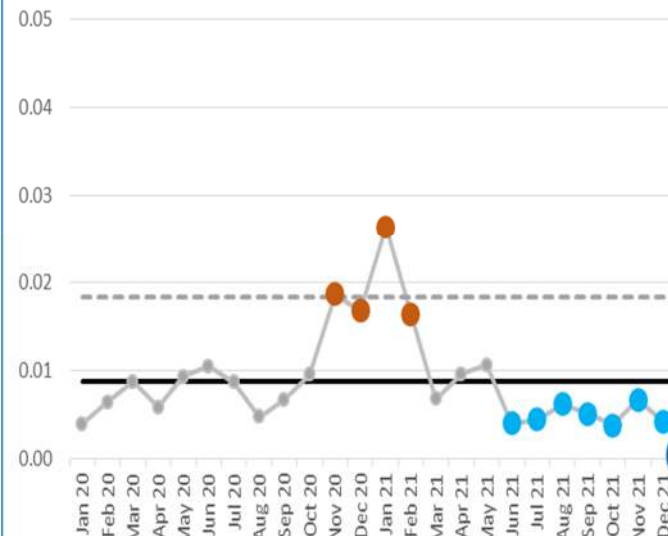
Patient Safety Severe Incidents



Commentary

A peak can be observed during Winter 2020-21 with an astronomical data point in Jan '21. This peak lifts the mean and obscures what appears to be common cause variation prior and following this period.

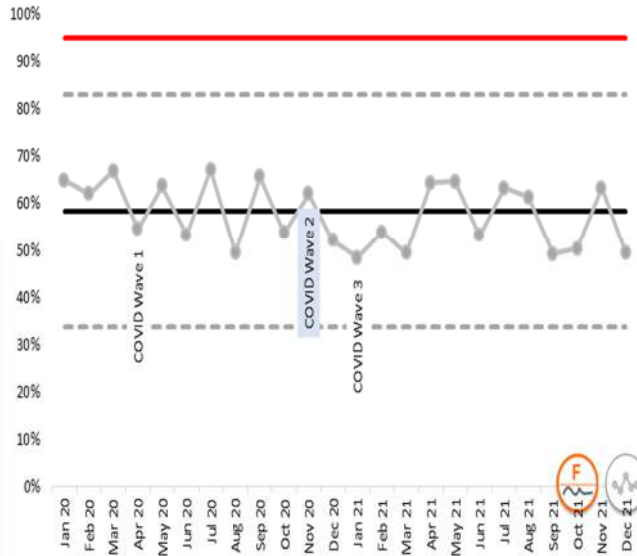
Serious Incident Rate against Patient Safety Incidents



Commentary

This is a new chart for consideration bringing together two of the other charts. It shows special cause improvement but this will have been affected by the impact the high points had on the average.

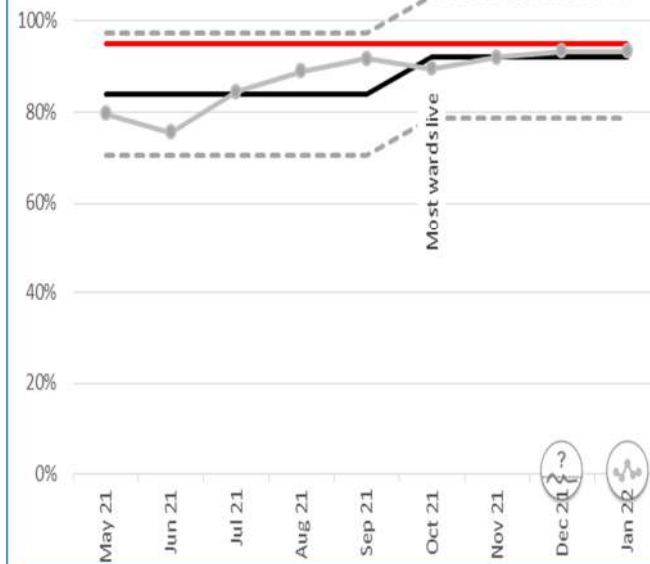
Friends and Family Test % Recommended



Commentary

SWB is consistently failing the 95% friends and family test score. Common cause variation can be seen throughout indicating a predictable performance. SWB are ranked for November 21, 128th out of 133 Inpatient score, 107th out of 121 for A&E, 126th out of 133 for Outpatients. **Quartile 4: Inadequate**

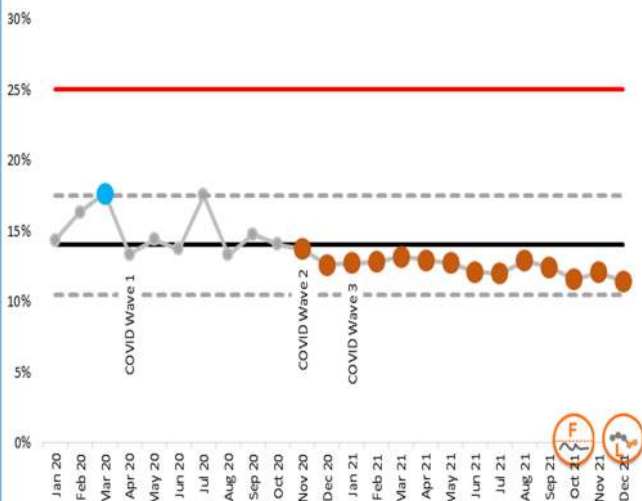
Perfect Ward - Average Score



Commentary

This is a new indicator. It does not have sufficient data points to give an accurate reading at present and so shows common cause variation.

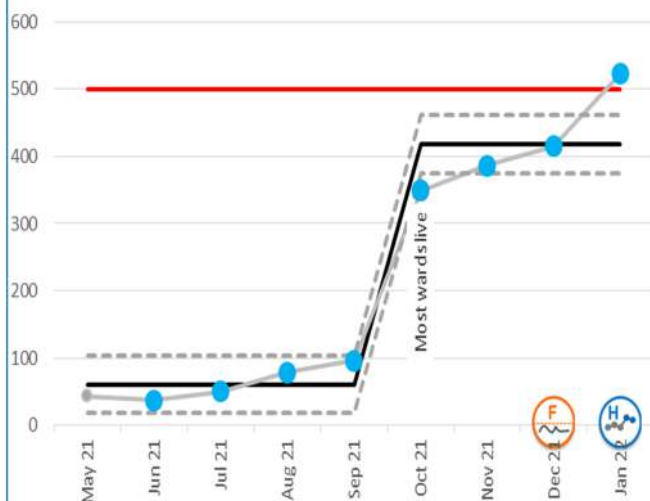
Friends and Family Test % Responded



Commentary

Since November '20 special cause variation has been in decline.

Perfect Ward - Number of Inspections



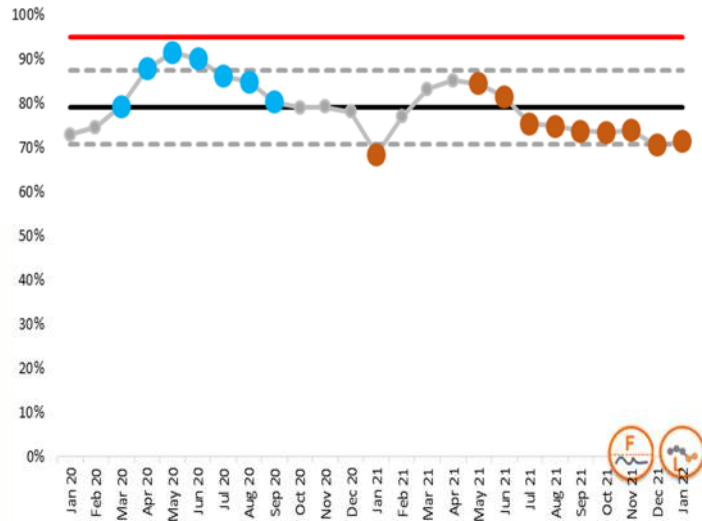
Commentary

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.

Responsive

Executive Lead: Fundamentals of Care

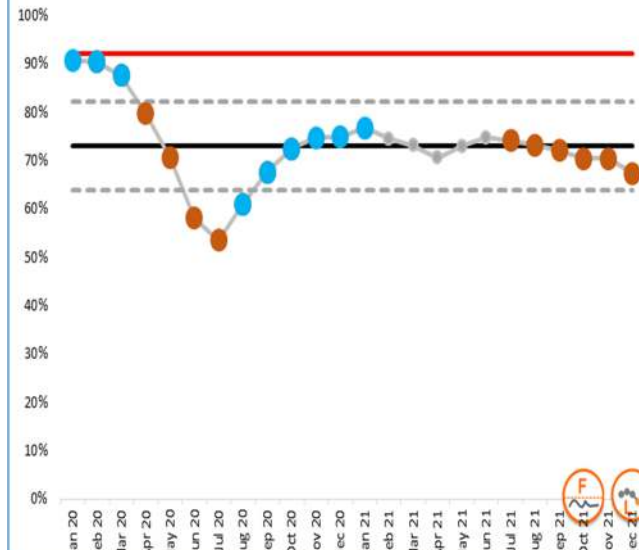
Emergency Care 4-hour waits



Commentary

Special cause variation concerning variation.
 SWB was ranked 65th out of 133 in January 22.
 Quartile 2: Good

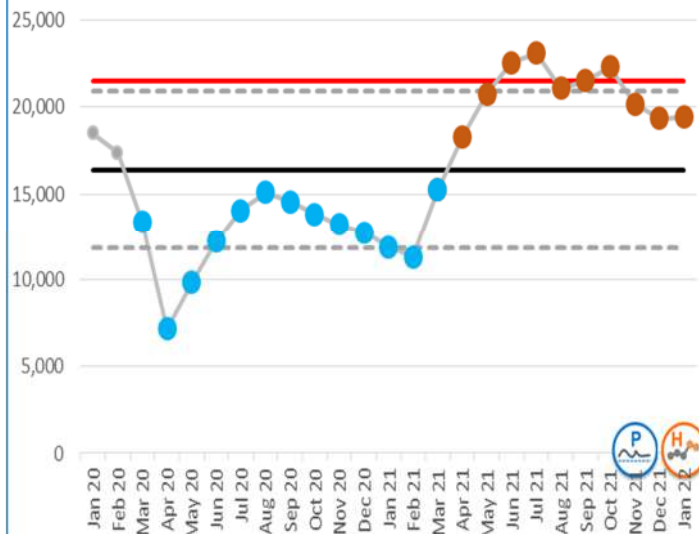
RTT - Incomplete Pathway (18-weeks)



Commentary

Special cause variation (6 points above mean) can be seen from March to September '20. However, the astronomical data point in Jun '21 pulls down the mean in an otherwise stable process. SWB was ranked 90th out of 172 Trusts in December 21.
 Quartile 3: Requires Improvement

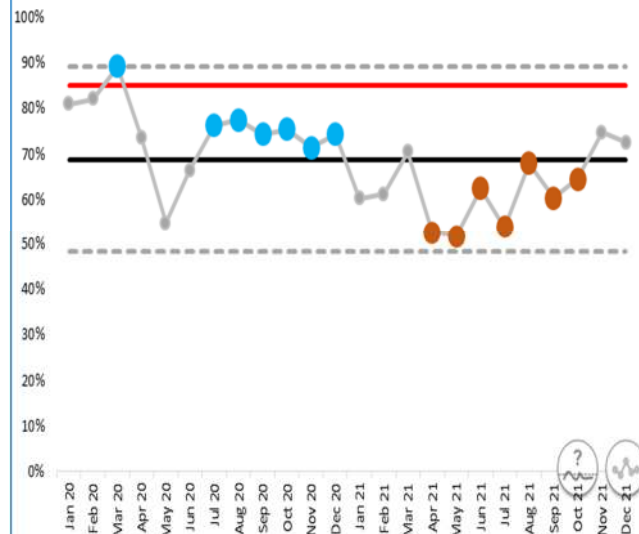
Emergency Care Attendances (Including Mailing)



Commentary

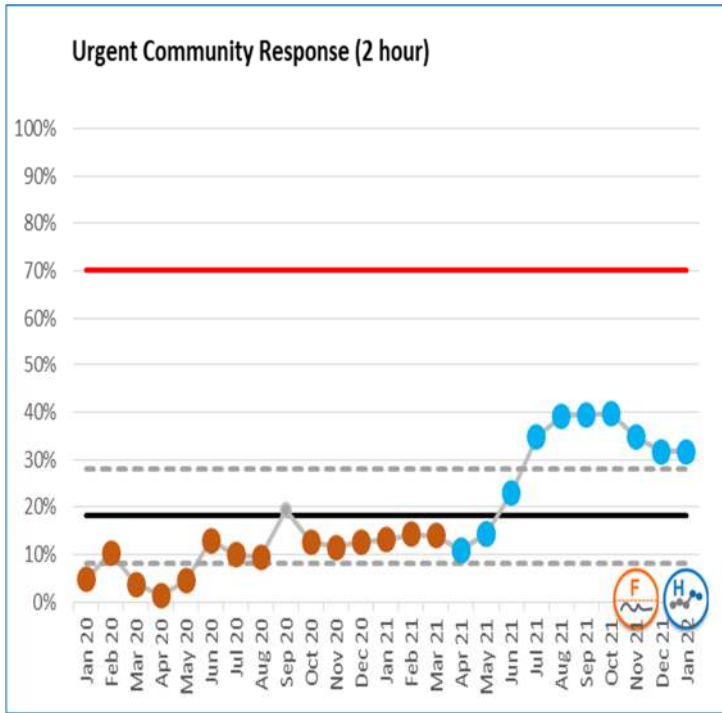
With this metric we actually want the numbers to reduce and be below the expected line. Looking at SWB we are 126th out of 147 trusts in terms of volume of A&E attendances in January 22. Note a reduction in A&E attendances is the desired outcome.
 Quartile 1: Outstanding

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



Commentary

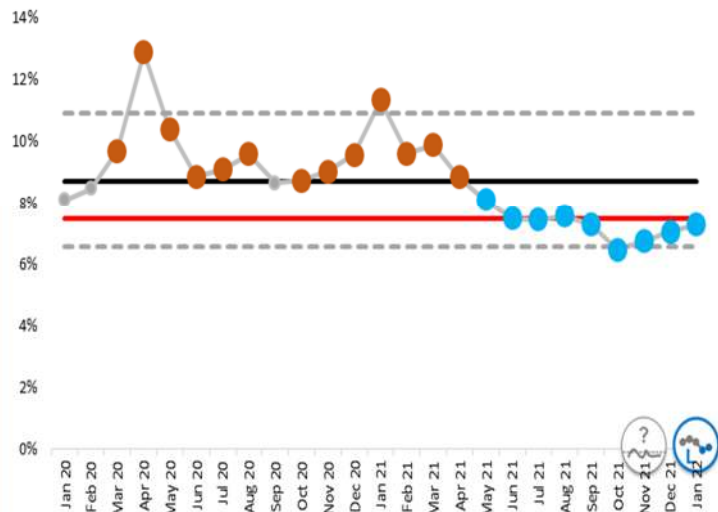
Common cause variation is now being seen. SWB was ranked 57th out of 139 in December 21.
 Quartile 2: Good



Commentary

This is a new national indicator, it is due to nationally start reporting in April 2022. The graph currently show special cause improvement but this is from a very low baseline.

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



Commentary

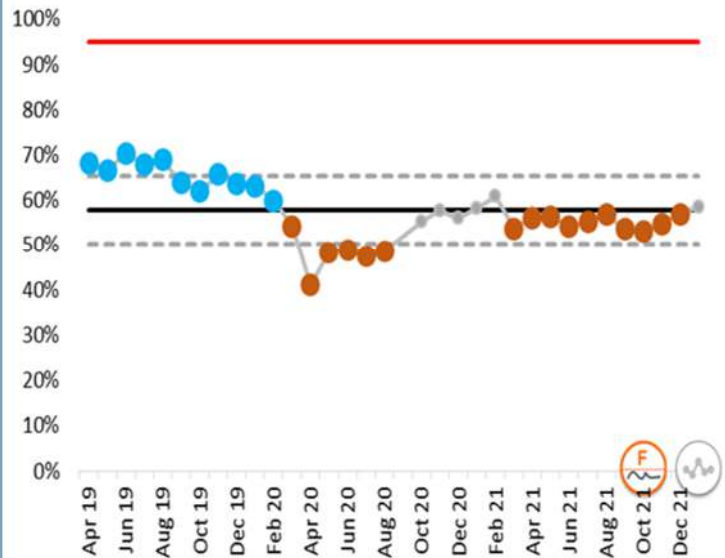
The graph now shows special cause improvement.

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

Commentary

PROMS

SDEC - Delivered in the Correct Location



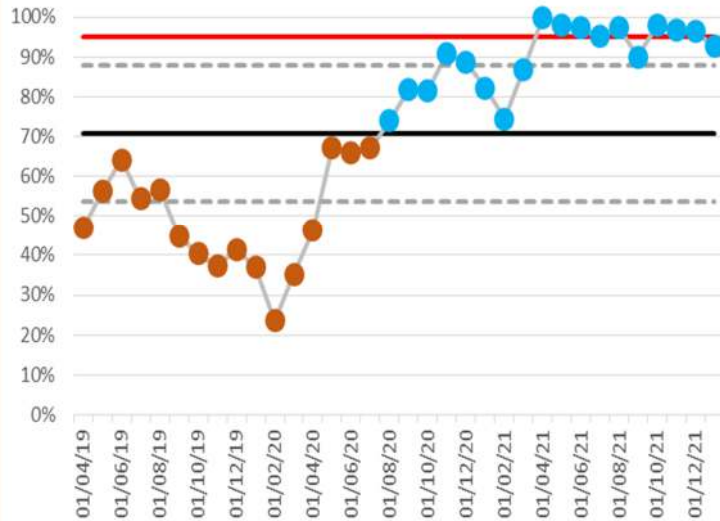
Commentary

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. This shows common cause variation – which requires a step change to improve.

Use of Resources

Executive Lead: Chief Finance Officer

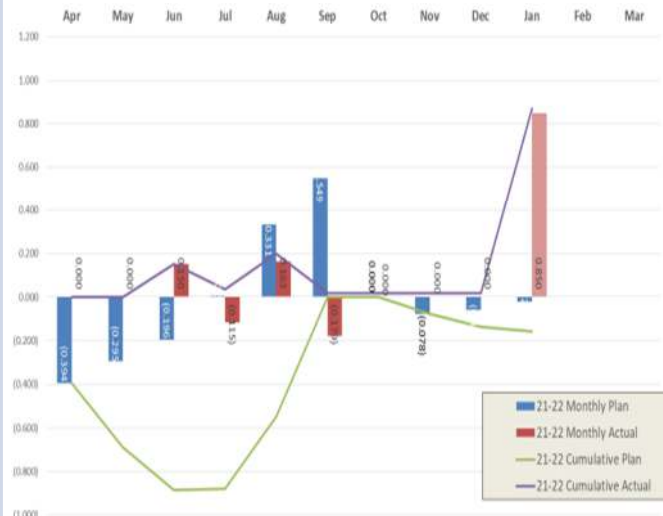
Performance Against Better Practice Performance Compliance



Commentary

This shows special cause improvement. We are now hovering around the target.

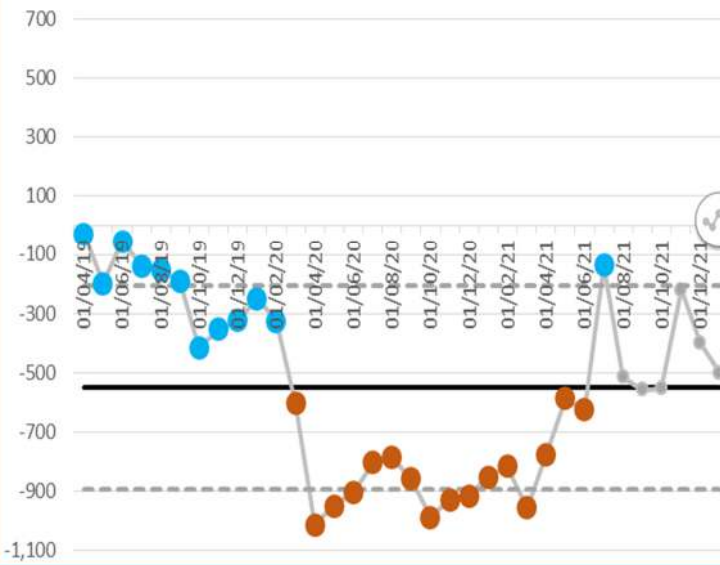
2021/22 I&E Performance (€Ms)



Commentary

Finance noted that SPC was not an appropriate format to monitor this measure, but have provided an alternative chart showing in month and cumulative performance

Performance Against Better Value Quality Care Plan (£000s)



Commentary

We have moved from special cause concerning variation into common cause variation since July 2021.

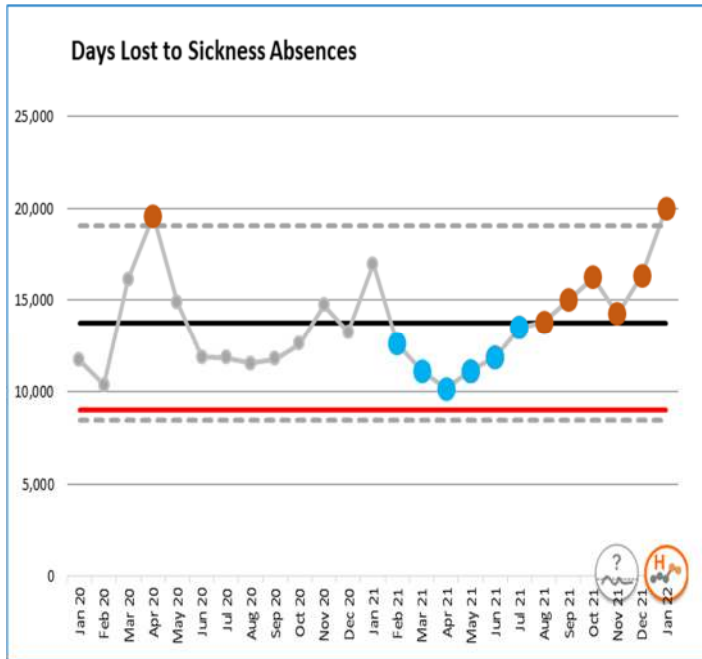
Underlying Deficit (£ms)



Commentary

The underlying deficit is only declared annually. It may be better to show this graph on a yearly basis over a longer period.

People and Well-Led



Commentary

Post COVID special cause concern. On average days lost has increased by 1250 days per month since the 3rd wave of COVID. *The sickness absence rate was 168th out of 214 Trusts in September 21.*

Quartile 4: Inadequate

Q2 21/22 People Pulse Staff Engagement Score

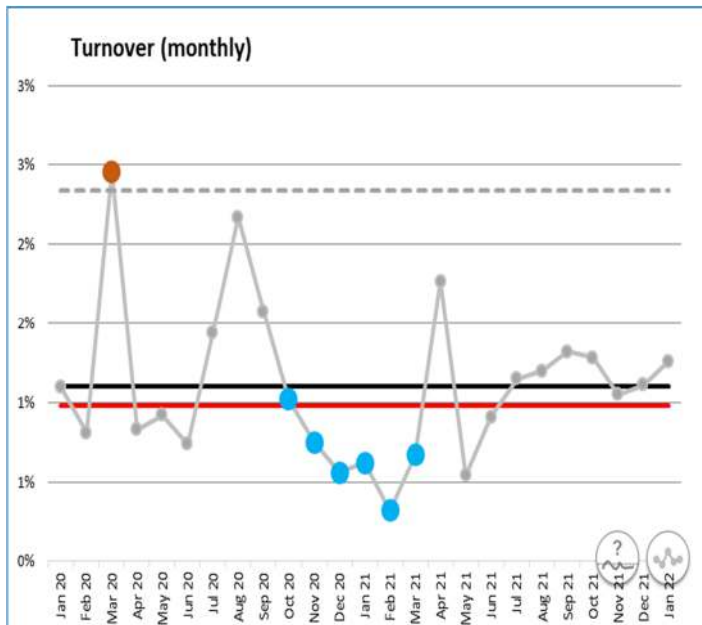
Sub-scale	Score out of 10
Motivation	6.52
Ability to Contribute to Improvements	6.31
Recommendation of the Organisation	6.51
Overall	6.45

	Highest	Lowest
Directorate	People & OD 7.43	Maternity & Perinatal 5.26
Staff Group	Healthcare Scientists 7.27	Estates & Ancillary 5.84

1,549 responses were received.

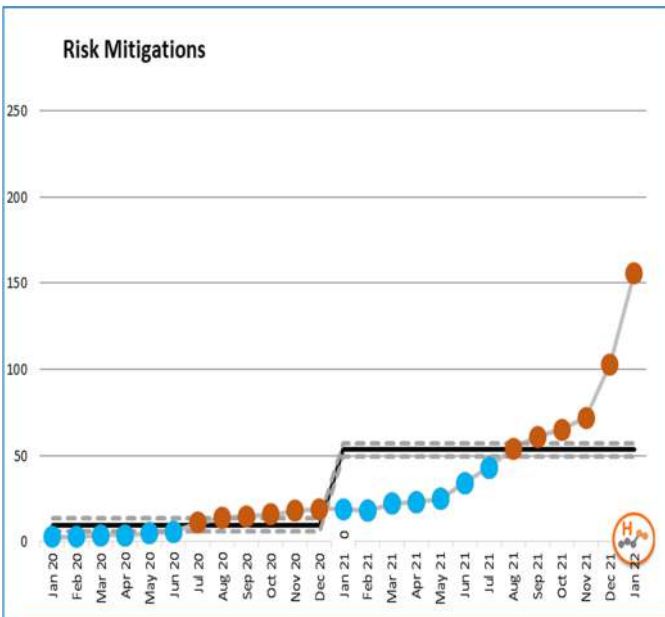
Commentary

Staff Engagement is measured as an average across three subscales, consisting of 3 questions each. We are expecting now to show a time series graph next month with radar graph showing performance.



Commentary

We are now showing common cause variation, but above the target.



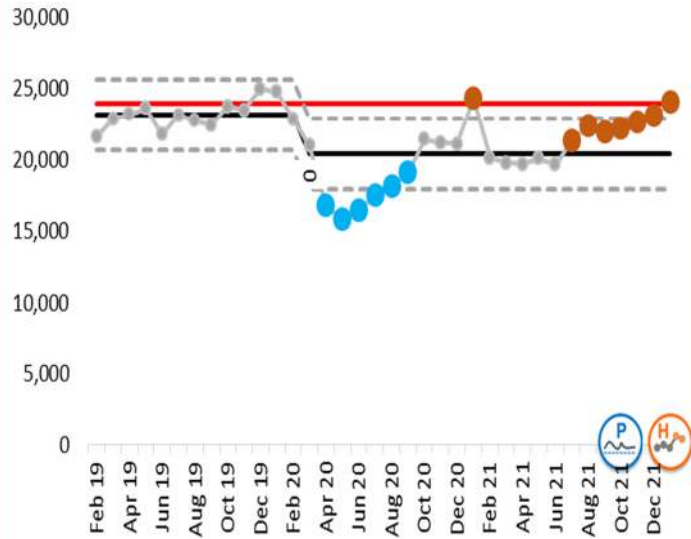
Commentary

The Governance team, has closed a number of outstanding risks, however this is still showing special cause concern.

We need a target.

MMUH - 1

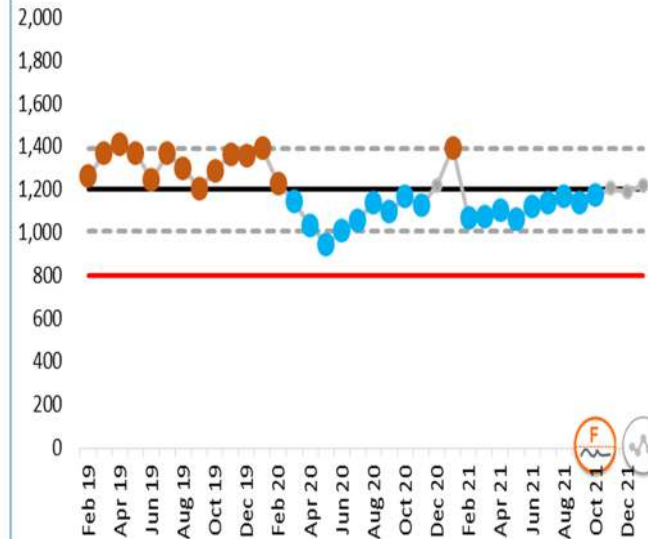
Occupied Bed Days



Commentary

The Target is based on the beds available at the occupancy rates in MMUH. Special cause for concern currently. Activity is showing actual. Note we have to include demographic growth and increased activity levels which would worsen this position.

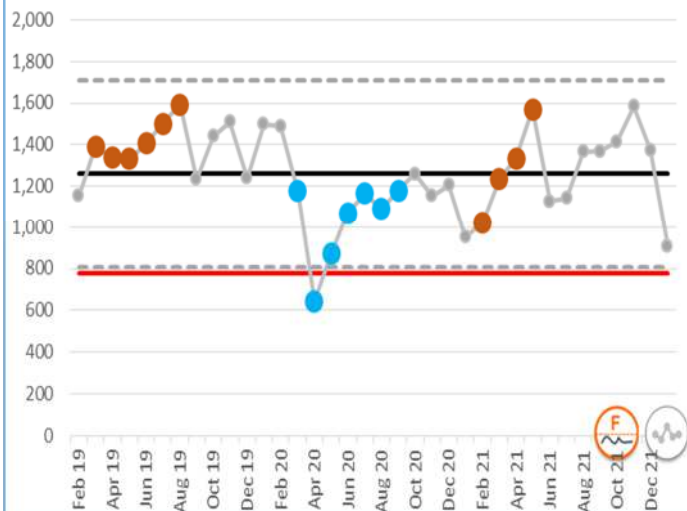
Emergency Admissions - Medical Over 65



Commentary

The process is showing common variation but is moving away from the Target. When we take into consideration demographics and increase emergency admissions this will worsen the position.

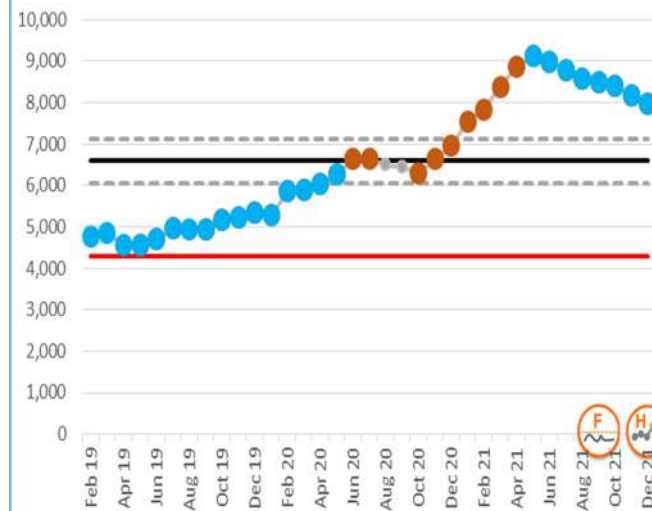
Cardiology Bed Days



Commentary

The Target is based on the beds available at the occupancy rates in MMUH. Activity is showing actual. Note we need to include demographic growth and increased activity levels which would worsen this position.

Inpatient RTT Incomplete Pathways



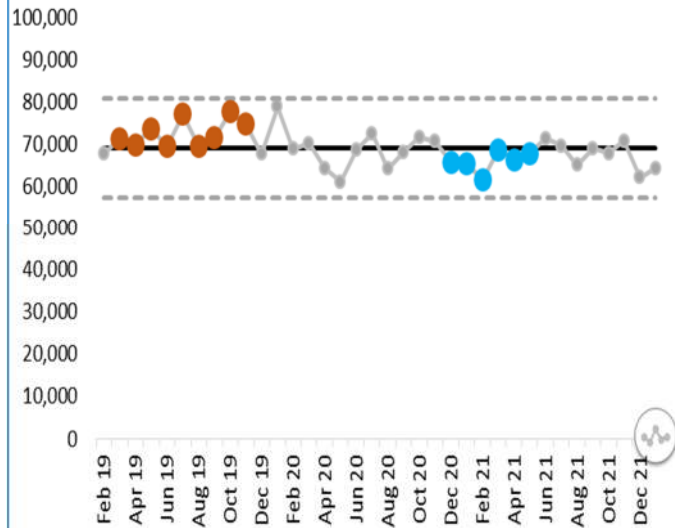
Commentary

This shows we are reducing our Inpatient backlog.

However this may inflate the use of beds, which will mask our plan to reduce bed usage.

MMUH - 2

Community Contacts



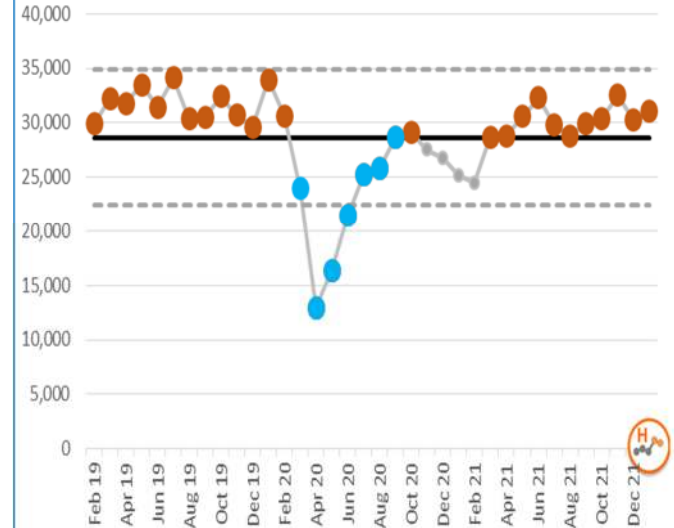
Commentary

This is showing common cause variation.

As we treat more patients closer to home we will see this indicator increase.

We need a target for this.

Imaging Investigations

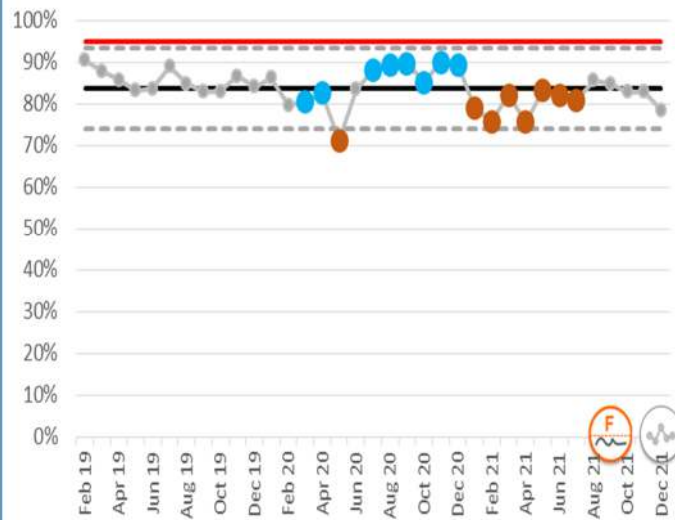


Commentary

This is showing special cause concern.

We need a target for this.

Theatre Productivity - BADS

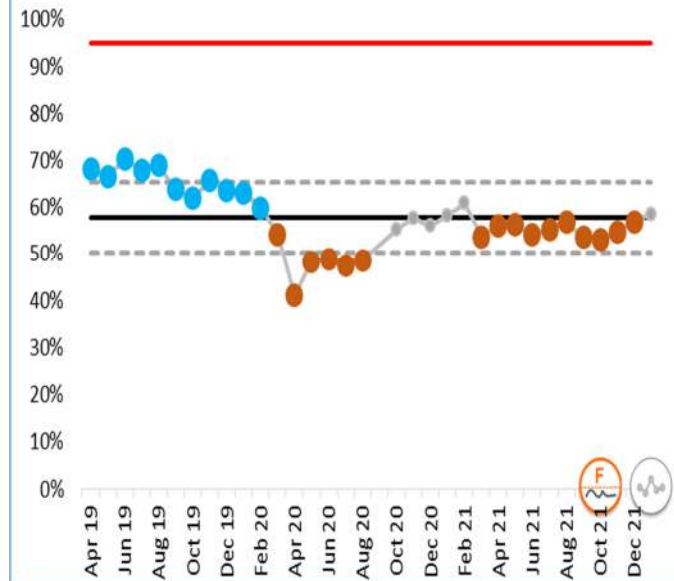


Commentary

This is showing common cause variation.

As we move more procedures to become fully day case this will move towards the Target. We will then reduce the pressure on Elective Beds.

SDEC - Delivered in the Correct Location



Commentary

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 Metric Population	Index of Multiple Deprivation (IMD)										
	1	2	3	4	5	6	7	8	9	10	NSP
	37.50%	25.00%	12.60%	8.40%	8.10%	5.40%	1.50%	1.00%	0.30%	0.20%	0.00%
AMU Beds	36.32%	28.30%	9.73%	9.20%	5.74%	4.34%	3.22%	0.86%	0.45%	0.70%	1.15%
Cardiology Beds	35.08%	29.30%	10.52%	7.78%	7.11%	5.67%	2.79%	0.61%	0.42%	0.43%	0.28%
Clinical Haematology Beds	35.23%	28.23%	8.30%	10.27%	9.60%	3.08%	1.82%	0.24%	0.67%	0.35%	2.21%
Community Contact	23.23%	39.83%	12.96%	6.67%	6.42%	7.00%	1.79%	0.75%	0.45%	0.18%	0.71%
Critical Care Beds	42.02%	30.43%	9.62%	5.84%	4.07%	4.38%	1.04%	1.10%	0.14%	0.63%	0.73%
Day Case Admissions	29.47%	25.88%	10.84%	9.48%	8.13%	5.44%	3.40%	2.22%	2.27%	1.96%	0.91%
Delivery Beds	41.67%	27.88%	11.12%	7.71%	4.66%	2.49%	1.87%	0.56%	0.56%	0.18%	1.28%
ED Type 1	36.97%	27.65%	11.23%	7.95%	5.50%	4.48%	2.16%	0.95%	0.69%	0.64%	1.77%
ED Type 1 - Ambulance Arrivals	38.14%	27.22%	10.49%	7.42%	5.37%	4.39%	2.07%	1.08%	0.77%	0.75%	2.29%
ED Type 3 (UTC)	19.90%	21.59%	7.60%	4.97%	3.65%	2.98%	1.56%	0.53%	0.33%	0.18%	36.71%
Elective Admissions	31.58%	25.77%	11.31%	8.76%	7.42%	5.46%	3.42%	2.00%	1.92%	1.81%	0.55%
Emergency Admissions	37.23%	28.74%	10.71%	8.16%	5.83%	4.29%	2.01%	0.84%	0.52%	0.56%	1.11%
Emergency Admissions - Medical Over 65	33.06%	30.20%	11.00%	8.48%	7.05%	5.55%	2.22%	0.88%	0.51%	0.69%	0.37%
Emergency Admissions - Zero LOS	37.99%	27.76%	11.12%	7.96%	5.75%	4.15%	2.19%	1.01%	0.72%	0.42%	0.93%
Emergency Admissions NOT SWB	41.06%	17.68%	11.66%	10.63%	5.48%	4.22%	2.48%	1.60%	1.30%	1.73%	2.17%
Gastroenterology Beds	37.24%	28.34%	11.19%	6.67%	6.30%	5.51%	2.79%	1.05%	0.00%	0.03%	0.87%
General Surgery Beds	31.69%	30.48%	10.43%	9.27%	7.51%	6.57%	2.06%	0.67%	0.54%	0.38%	0.40%
Geriatrics Beds	31.10%	32.16%	10.42%	9.10%	6.60%	5.57%	2.25%	1.12%	0.92%	0.40%	0.36%
Imaging Investigations	33.89%	27.91%	11.25%	8.70%	6.56%	5.32%	2.30%	1.09%	0.91%	0.71%	1.35%
Inpatient RTT Incomplete Pathways	30.12%	25.79%	11.27%	9.70%	7.60%	5.99%	3.52%	1.88%	2.03%	1.57%	0.53%
Intermediate Care Beds	27.13%	28.30%	10.77%	14.69%	5.37%	6.37%	3.45%	0.67%	0.28%	1.90%	1.08%
Maternity Beds	41.48%	28.38%	11.36%	7.83%	5.15%	2.85%	0.76%	0.60%	0.02%	0.04%	1.53%
Medicine Beds	37.01%	31.65%	8.38%	8.70%	6.50%	2.65%	1.96%	0.35%	0.54%	1.17%	1.09%
Neonatal Beds	40.36%	25.55%	17.38%	6.09%	4.79%	0.84%	0.99%	2.99%	0.00%	0.00%	1.02%
Occupied Bed Days	34.66%	29.59%	10.69%	8.88%	5.99%	4.94%	2.22%	0.86%	0.54%	0.78%	0.86%

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 10% above the population and yellow/amber shows 10% 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		Not stated	Not Known
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	42.33%	2.57%	6.45%	0.70%	0.12%	0.11%	0.64%	10.73%	5.91%	1.94%	1.28%	8.48%	2.29%	1.59%	0.26%	2.09%	0.99%	11.51%
Cardiology Beds	40.58%	1.64%	6.05%	0.70%	0.18%	0.01%	0.55%	12.93%	6.59%	1.48%	1.23%	8.45%	2.24%	1.84%	0.42%	1.84%	1.74%	11.54%
Clinical Haematology Beds	32.09%	2.21%	8.00%	0.61%	0.13%	0.00%	1.30%	9.19%	7.15%	4.79%	3.90%	14.08%	5.07%	1.95%	0.30%	1.37%	0.93%	6.93%
Community Contact	52.12%	0.55%	5.92%	1.57%	0.30%	0.55%	6.99%	9.41%	3.83%	1.52%	0.94%	4.06%	1.63%	1.45%	0.12%	2.65%	3.38%	3.00%
Critical Care Beds	43.15%	0.90%	6.71%	2.75%	2.94%	0.10%	0.37%	13.84%	5.50%	1.74%	1.84%	10.97%	2.52%	3.55%	0.00%	2.57%	0.00%	0.54%
Day Case Admissions	43.44%	0.94%	6.13%	0.64%	0.23%	0.31%	0.74%	12.02%	7.38%	2.48%	2.40%	7.37%	2.24%	1.76%	0.38%	2.33%	1.13%	8.07%
Delivery Beds	13.53%	0.59%	4.89%	3.02%	0.90%	0.44%	2.13%	19.45%	12.17%	7.36%	3.77%	5.28%	8.59%	1.61%	0.85%	5.82%	0.56%	9.05%
ED Type 1	30.00%	0.50%	5.97%	1.45%	0.35%	0.41%	1.18%	11.81%	8.10%	3.02%	2.28%	6.25%	3.45%	1.47%	0.37%	3.89%	1.11%	18.39%
ED Type 1 - Ambulance Arrivals	36.39%	0.79%	5.66%	0.98%	0.27%	0.31%	1.08%	9.94%	6.51%	2.19%	1.63%	6.10%	2.47%	1.15%	0.24%	2.78%	1.21%	20.31%
ED Type 3 (UTC)	2.42%	0.00%	0.00%	0.06%	0.02%	0.02%	0.03%	0.04%	0.18%	0.08%	0.48%	0.09%	0.04%	0.03%	0.02%	0.10%	96.35%	0.05%
Elective Admissions	40.61%	0.98%	6.68%	1.26%	0.31%	0.31%	0.67%	11.98%	8.68%	2.44%	2.04%	6.83%	3.50%	1.45%	0.59%	1.96%	1.10%	8.60%
Emergency Admissions	33.70%	0.69%	6.27%	1.48%	0.38%	0.35%	1.00%	12.76%	8.32%	3.67%	2.19%	6.62%	4.39%	1.47%	0.42%	3.76%	0.74%	11.78%
Emergency Admissions - Medical Over 65	52.16%	1.57%	7.43%	0.20%	0.10%	0.12%	0.37%	11.13%	4.67%	1.45%	0.80%	8.64%	0.56%	1.13%	0.25%	0.93%	0.85%	7.63%
Emergency Admissions - Zero LOS	28.39%	0.40%	5.92%	1.73%	0.32%	0.44%	1.07%	13.35%	10.00%	4.44%	3.18%	5.45%	4.68%	1.24%	0.38%	3.94%	0.61%	14.45%
Emergency Admissions NOT SWB	25.53%	1.04%	3.24%	1.46%	0.50%	0.40%	0.78%	4.96%	11.55%	3.12%	2.19%	5.26%	5.08%	0.99%	0.36%	3.68%	1.37%	28.48%
Gastroenterology Beds	41.53%	0.08%	4.93%	0.37%	0.03%	0.27%	0.00%	19.08%	4.93%	2.24%	1.82%	4.04%	3.11%	2.20%	0.40%	3.31%	0.56%	11.10%
General Surgery Beds	47.36%	1.41%	7.58%	1.12%	0.35%	0.18%	1.80%	11.64%	6.02%	2.13%	0.91%	7.97%	1.79%	0.88%	0.40%	2.34%	0.98%	5.12%
Geriatrics Beds	57.53%	1.73%	8.33%	0.11%	0.11%	0.23%	0.67%	7.51%	2.55%	0.60%	0.22%	10.40%	0.67%	0.95%	0.26%	0.67%	0.96%	6.52%
Imaging Investigations	30.51%	0.63%	9.34%	1.21%	0.34%	0.30%	0.81%	11.86%	7.09%	2.80%	2.13%	6.16%	4.15%	1.40%	0.40%	3.09%	6.54%	11.27%
Inpatient RTT Incomplete Pathways	37.87%	0.78%	10.03%	0.85%	0.23%	0.27%	0.72%	11.43%	6.39%	2.13%	2.11%	5.48%	3.20%	1.37%	0.35%	2.38%	7.15%	7.28%
Intermediate Care Beds	67.57%	0.67%	9.05%	0.19%	0.00%	0.00%	0.40%	6.61%	0.96%	0.09%	0.24%	7.15%	0.89%	1.59%	0.39%	1.60%	0.26%	2.32%

Commentary

We have our local population percentage breakdown, and are showing variation based on red/pink shows 10% above the population and yellow/amber shows 10% 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 a 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>

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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.