

Board Level Metrics & IQPR Exceptions

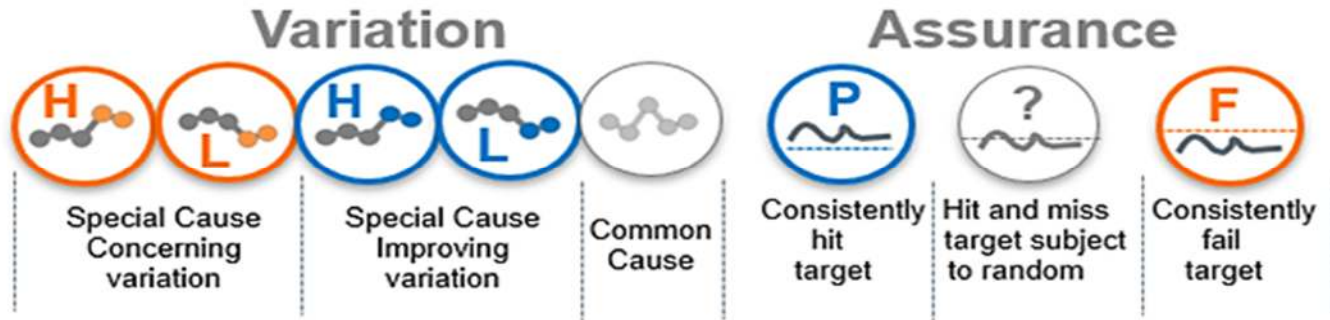
INTEGRATED PERFORMANCE REPORTING – MAY 2022

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Board Level Metrics

Development Update

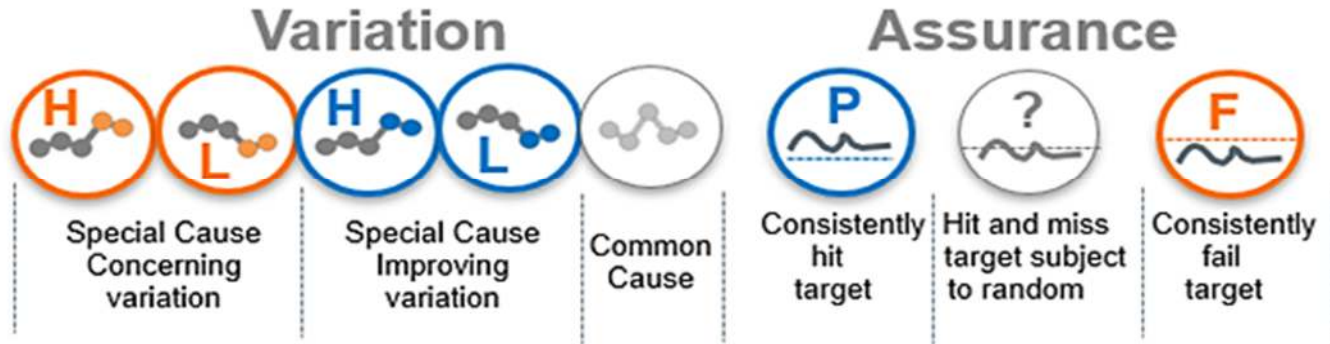
Domain	Finalised	Amendment / work to be done.
Safe Chief Medical Officer Chief Nurse Officer	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Doctor - vacancies, Nurse band 5 – vacancies, HCA vacancies MRSA Screening - Elective, MRSA Screening - Non Elective	
Caring Chief Nurse Officer	Friends & Family Test (FFT) Recommended % Perfect Ward – Average Score, Perfect Ward – Number of Inspections	
Responsive Chief Operating Officer	Emergency Care – 4 hour wait, Emergency Care Attendances. 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.
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	PREMS / PROMS have been suspended until corporate data is available
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, Geriatric Bed Days, Cardiology Bed Days, Inpatient RTT Incomplete Pathways, Community Contacts, Imaging Investigations, Theatre Productivity (BADS)	A meeting has taken place regarding Community contacts target.



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		HSMR, Perfect Ward – Average Score, Emergency Readmissions,	Sepsis Treated within 1 Hour, Perfect Ward – Number of Inspections,	Nurse band 5 vacancies
	Common Cause		SHMI, C-difficile, Patient Safety (moderate harm or above), Serious Incidents, 62 Day Cancer, Turnover (monthly), Urgent Community Response (2 hour), Covid – Virtual Ward (Referrals),	MRSA Screening – Elective, Doctor – vacancies, FFT % Recommend, SDEC, Hospital at home,	Rate of Moderate harm or above incidents against Patient Safety Incidents, Pulse Survey
	Special Cause : Concern		E-coli, MRSA Screening – Non Elective, Patient safety incidents, Emergency Care Attendances. This is misleading because we desire low attendances.	Emergency Care 4 hour waits, RTT Incomplete Pathways (18 weeks), Days lost to Sickness Absences	HCA Vacancies, Ambulance handover numbers over 30 mins. Risk mitigations,



The matrix below shows how each metric is performing:

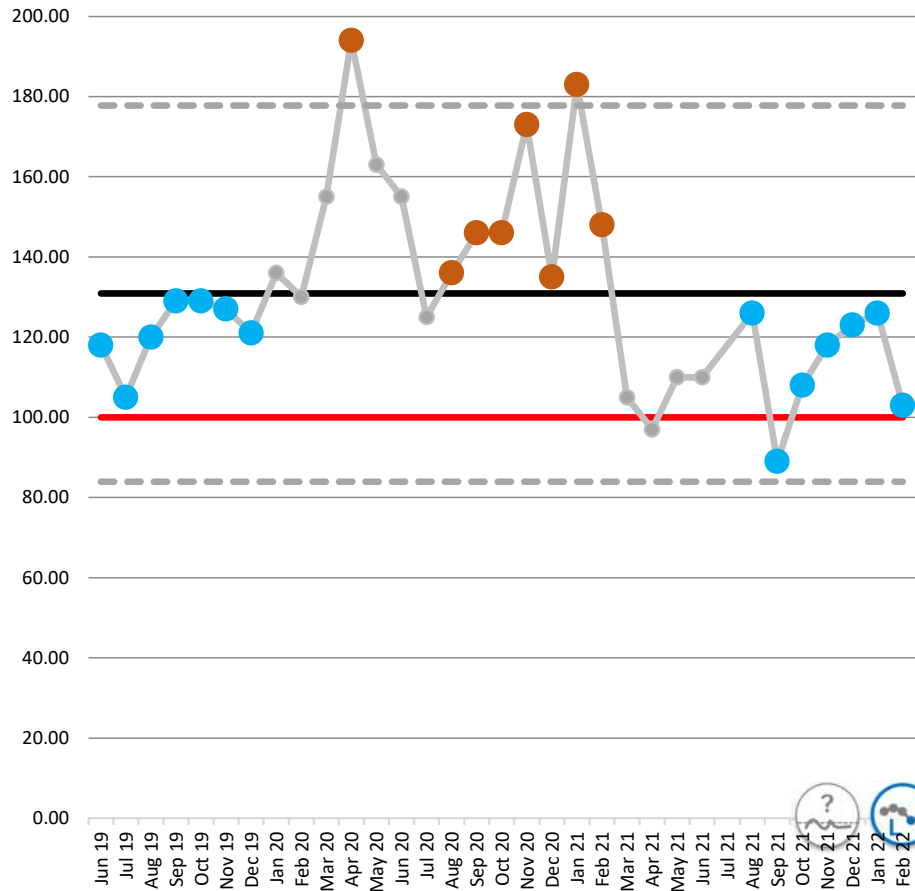
- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

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

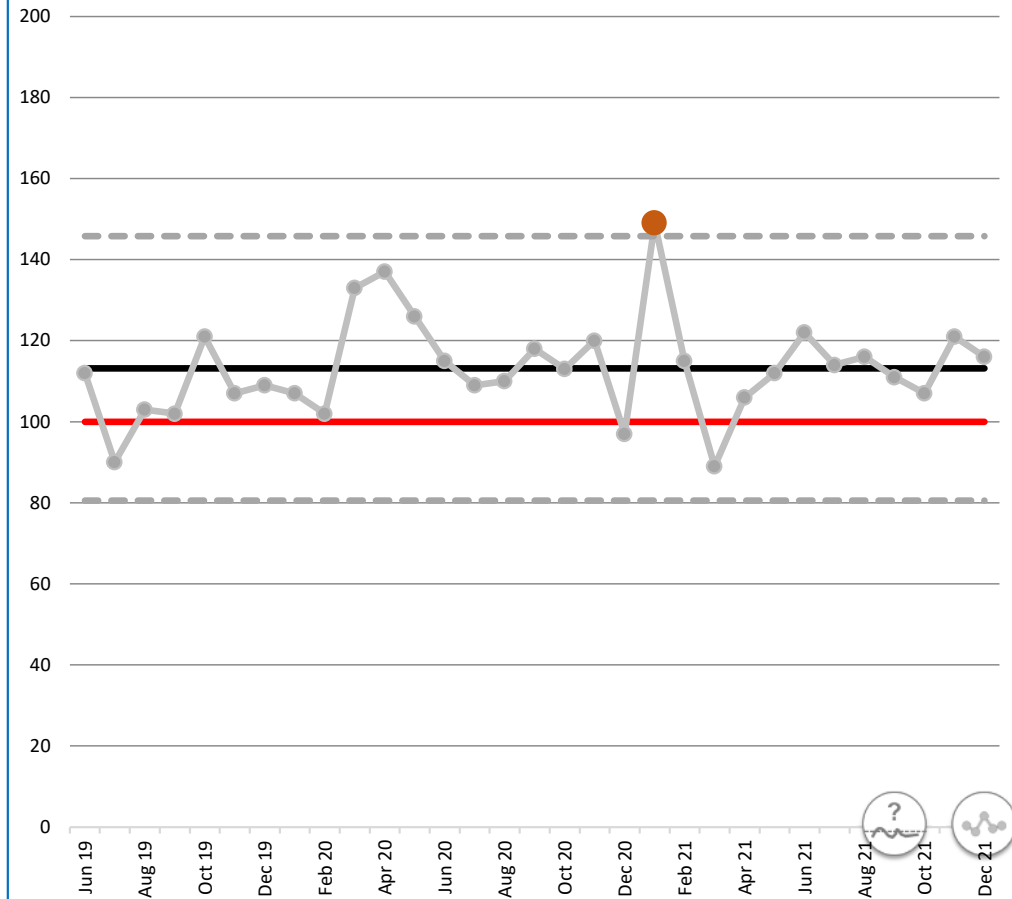
Many indicators have started showing recovery during May 2022 but with some exceptions.

- **28 Day Breaches** – We have 1 x 28 day breaches – were we cancel a patient and then do not get them back into surgery within the national guarantee. The lowest it has been since August 2021.
- **DM01** – DM01 April continues to show poor performance with 48.7% in excess of 6 weeks.
- **RTT** – In April we have seen an increase of 2712 patients who are on the RTT waiting list – incomplete pathway in comparison to last month.
- **Mandatory Training** – In May, we failed to reach the target and saw a drop in the percentage of staff who have completed their mandatory Health and Safety training.
- **A&E performance** - The number of ED 4-hour breaches has increased over the last 12 months and continues to increase. We are currently reporting 7024 breaches whereas a year ago we had 2808.
- **Inpatients staying 21+ days** – The number of inpatients staying 21+ days continues to rise at 169 and is double the figures we saw a year ago.
- **Cancer performance** – In April for 2 weeks (Breast Symptomatic) we recorded the highest figures in April at 99.2%, this is the highest we have seen in the last 16 months. This is also the 3rd consecutive month where we achieved the target.

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



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



Commentary

This shows special cause improving variation on a month by month basis.

SWB is consistently above the HSMR national mean. Special cause improving 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.

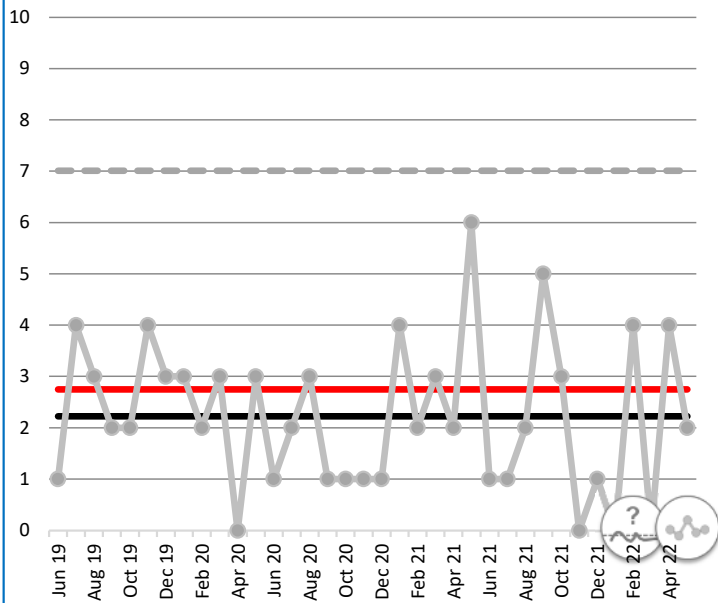
Commentary

This shows common cause variation on month by month basis .

SWB is consistently above the SHMI national mean. Common cause variation is seen through most of the period indicating a predictable process. We were ranked 102nd out of 122 Trusts as of January 2022 using 12 month cumulative performance from Public View.

Quartile 4 – Inadequate

C. Difficile (Post 48 hours)



Commentary

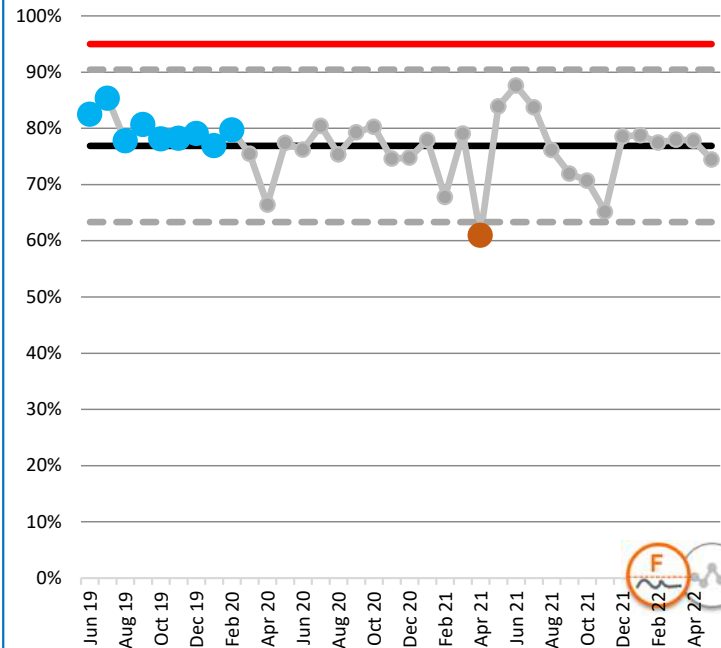
This shows common cause variation .

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

SWB was ranked 37th out of 138 Trusts in March 22.

Quartile 2: Good

MRSA Screening - Elective



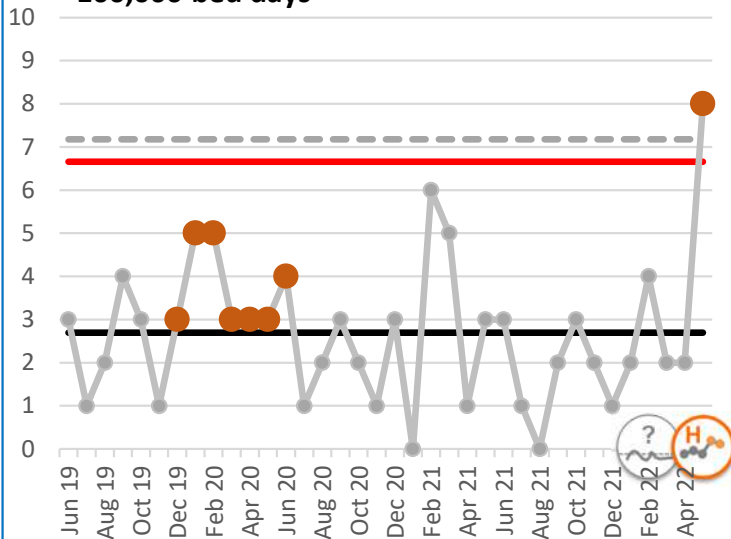
Commentary

This shows common cause variation.

Separate to the screening measures MRSA all cases – March 22 shows SWB ranked 20th of 138.

Quartile 1: Outstanding

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



Commentary

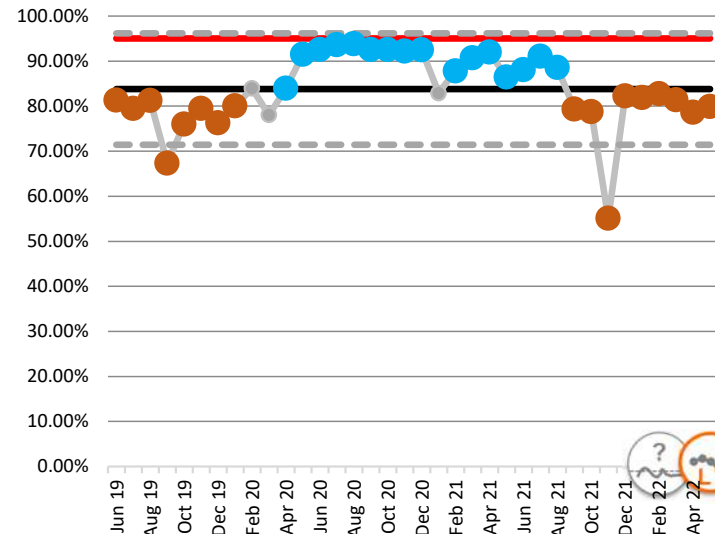
This shows special cause concern.

An astronomical data point in April '22 is affecting what would be a predictable process.

Performance has been stable. SWB is ranked 24th out of 138 Trusts in March 22.

Quartile 1: Outstanding

MRSA Screening - Non Elective



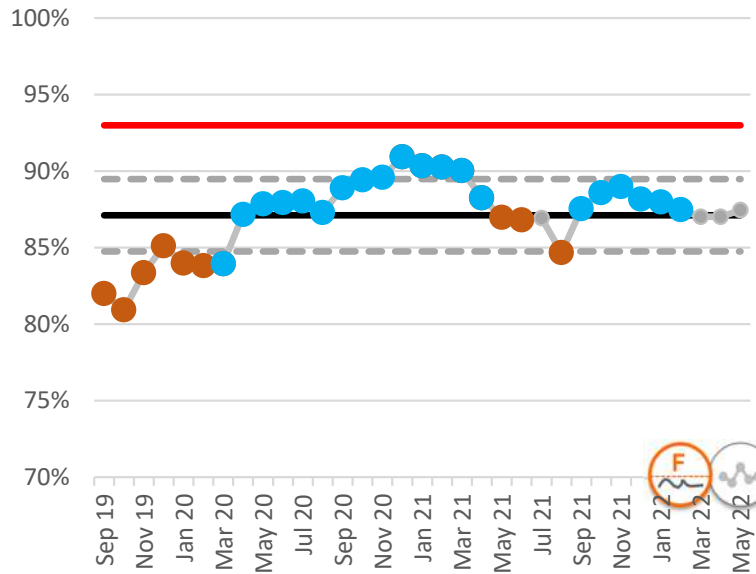
Commentary

This shows special cause concern.

Separate to the screening measures MRSA all cases – February 22 shows SWB ranked 20th of 138.

Quartile 1: Outstanding

Doctor Vacancies

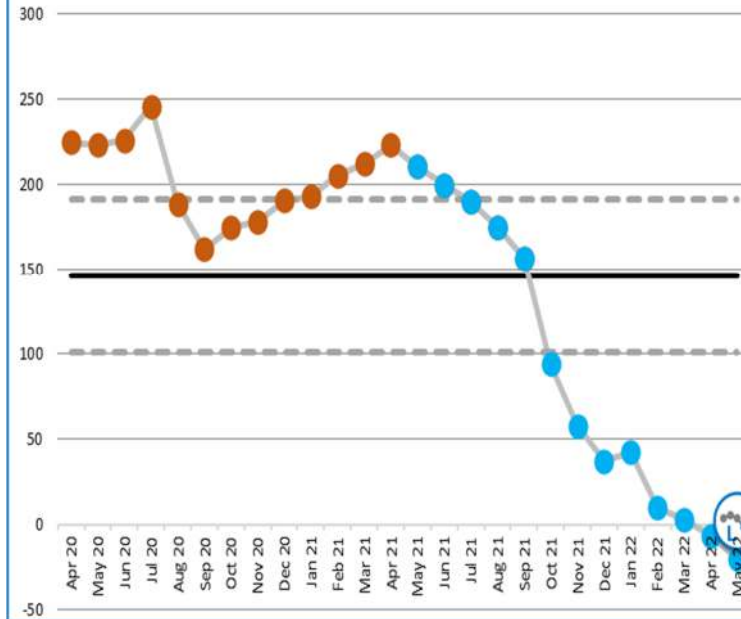


Commentary

This shows common cause variation.

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

Nurse Band 5 Vacancies



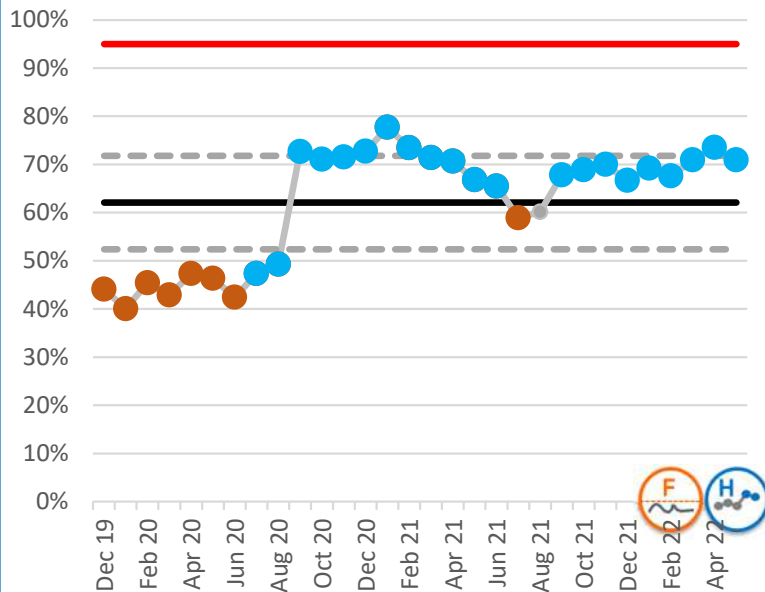
Commentary

****New Indicator**

This shows special cause improvement.

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

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

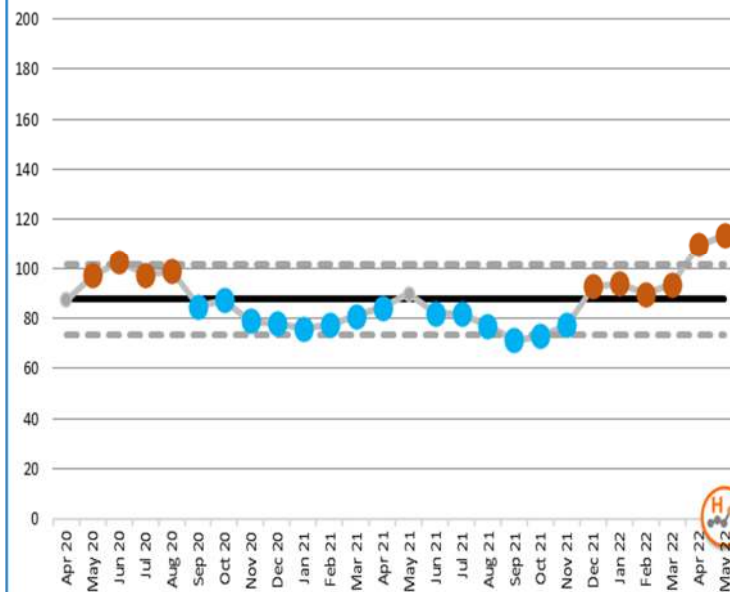


Commentary

This shows special cause improvement.

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

HCA Vacancies



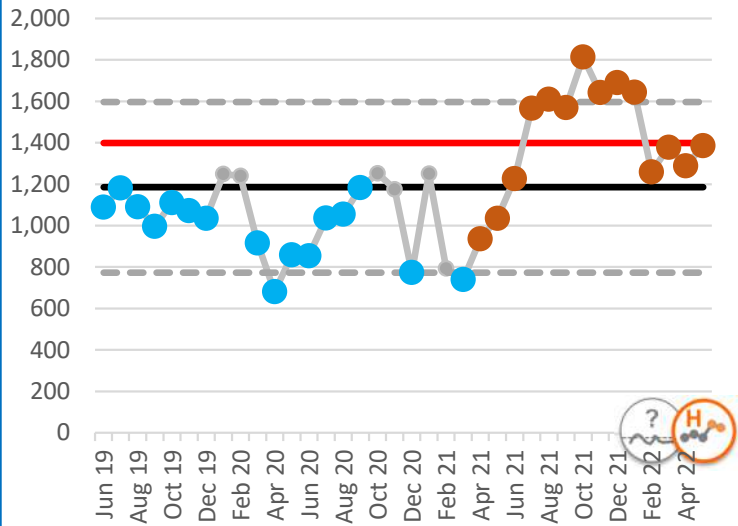
Commentary

****New Indicator**

This shows special cause concern.

This is based on the Electronic Staff Record (ESR) – a validation of posts assigned to HCA's may be required.

Patient Safety Incidents

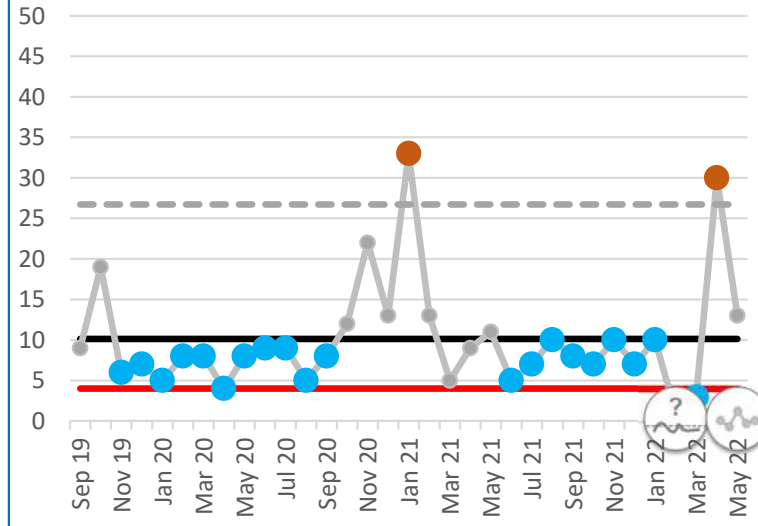


Commentary

This shows special cause concern.

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

Serious Incidents

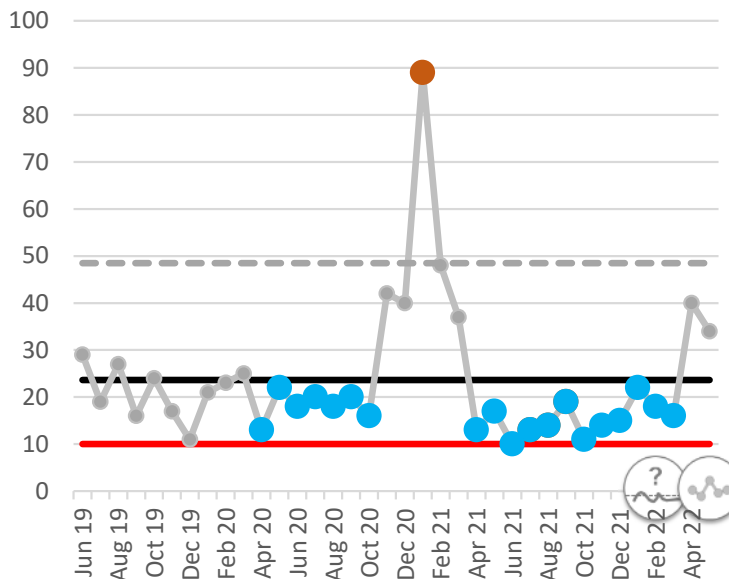


Commentary

This shows common cause variation.

Astronomical data points around Jan '21 and Apr 22 is affecting what would be a predictable process.

Patient Safety (Moderate harm or above)

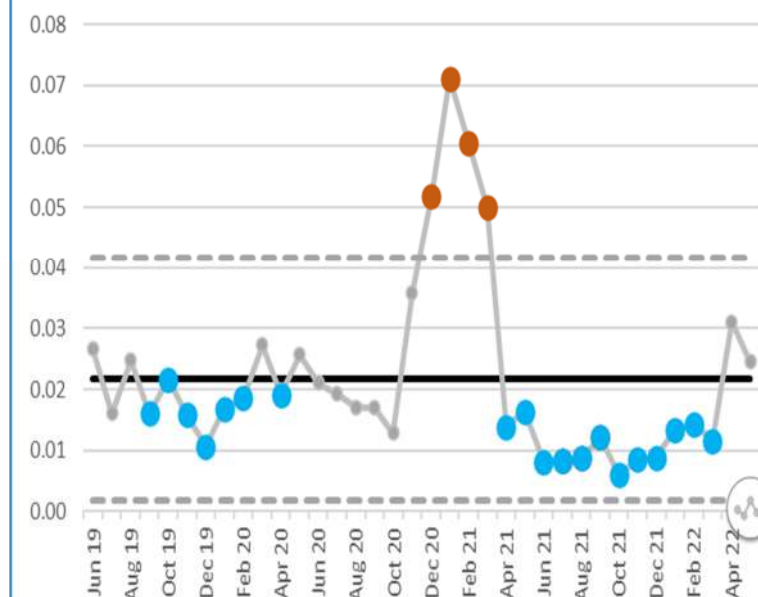


Commentary

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

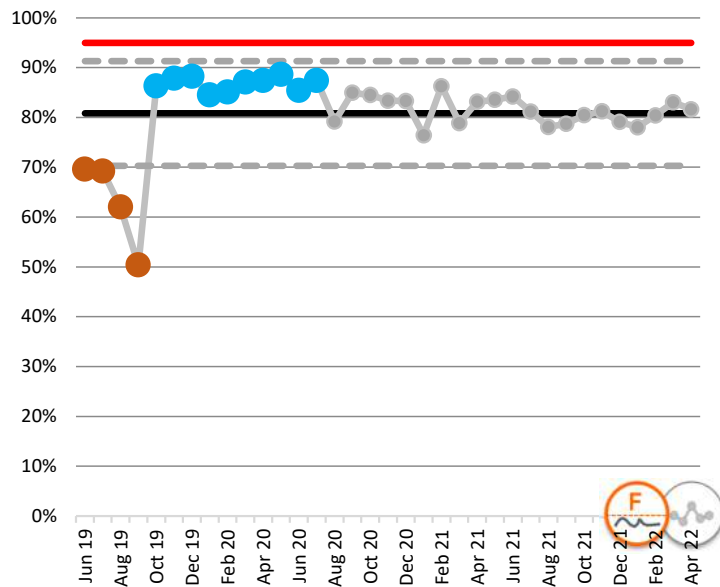


Commentary

This shows common cause variation.

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

FFT Combined Score



Commentary

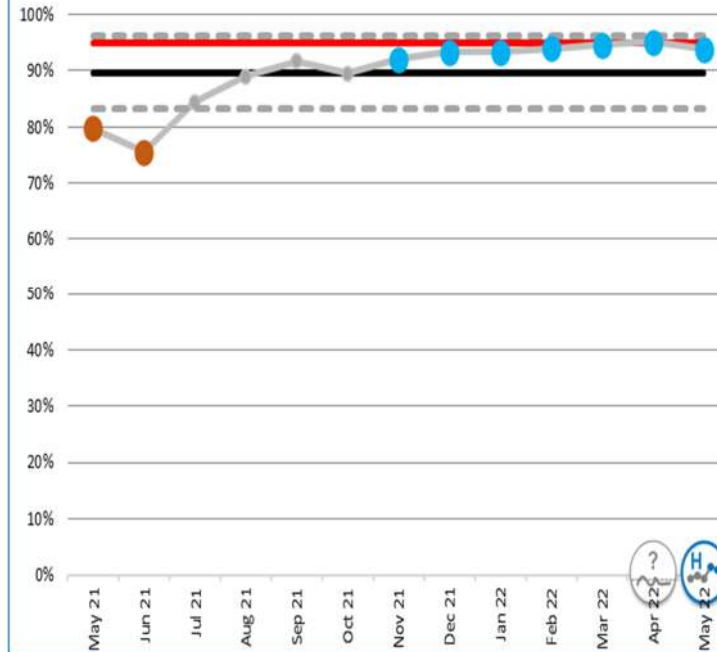
This shows common cause variation.

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

SWB are ranked for March 22, 129th out of 135 Inpatient score, 109th out of 124 for A&E, 125th out of 132 for Outpatients.

**Quartile 4:
Inadequate**

Perfect Ward - Average Score

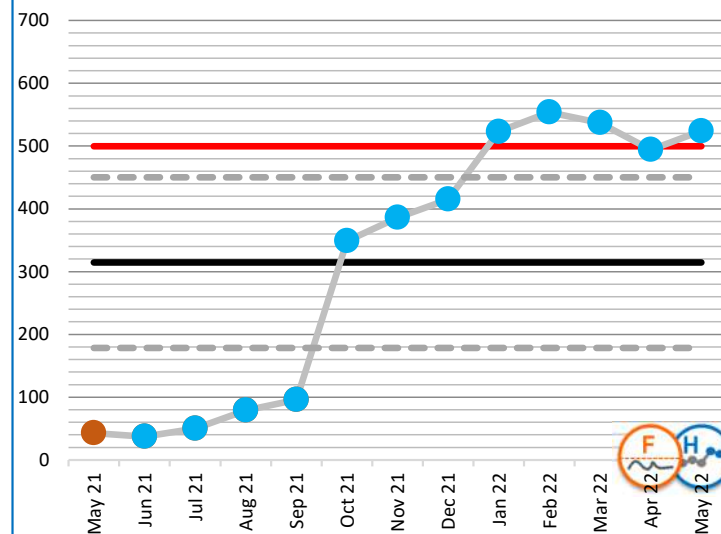


Commentary

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.

Perfect Ward - Number of Inspections

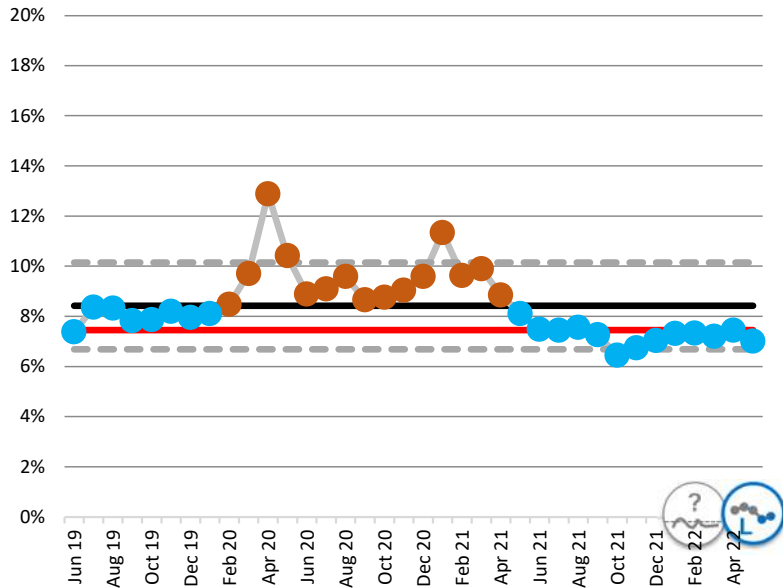


Commentary

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.

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

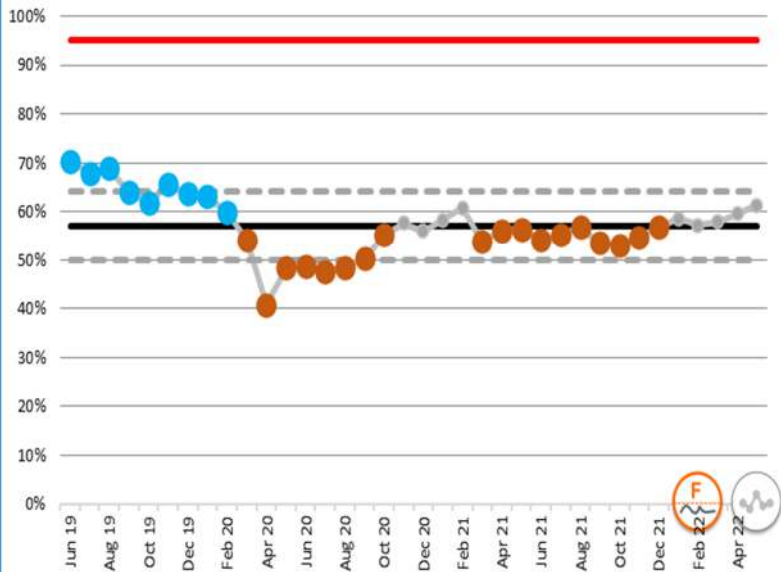


Commentary

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.

SDEC Delivered in correct location

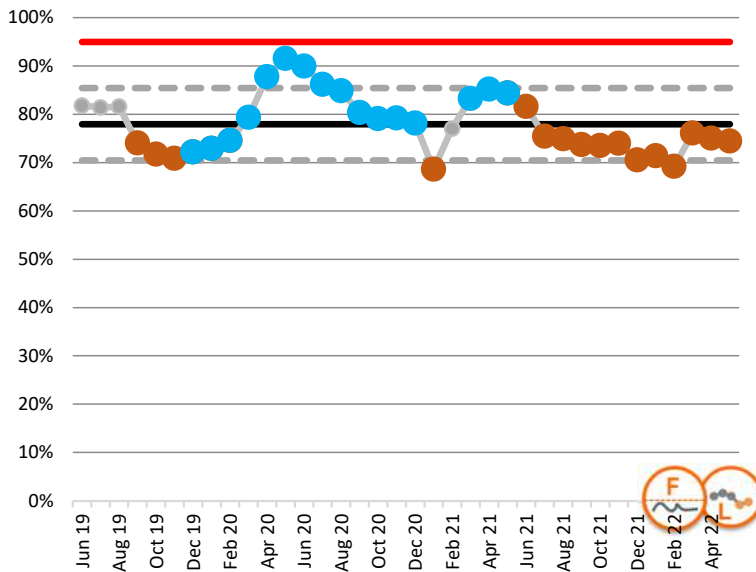


Commentary

This shows common cause variation.

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.

Emergency Care 4-hour waits



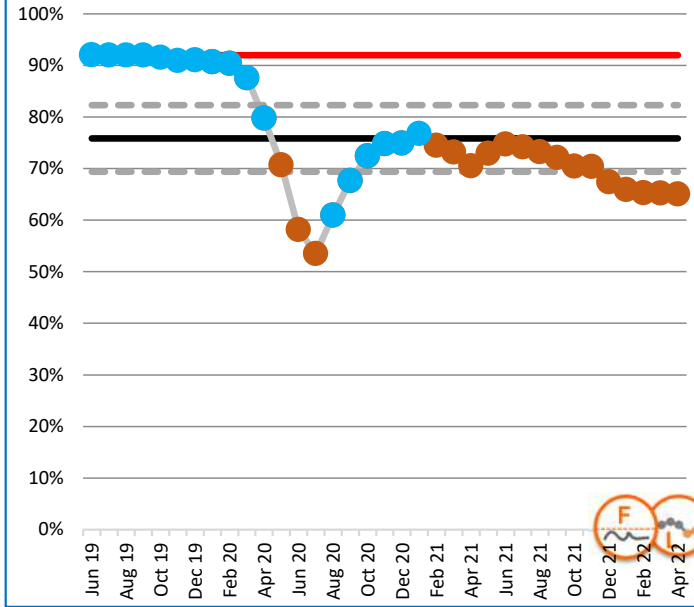
Commentary

This shows special cause concern.

SWB was ranked 56th out of 132 in April 22.

Quartile 2: Good

RTT - Incomplete Pathway (18-weeks)



Commentary

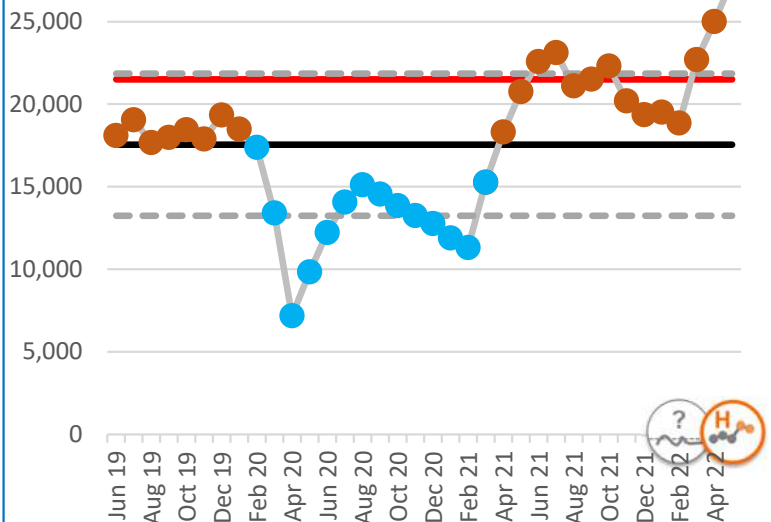
This shows special cause concern

The current performance requires a step change.

We understand that a shift has begun to happen in March. SWB was ranked 97th out of 172 Trusts in March 22.

Quartile 3: Requires Improvement

Emergency Care Attendances (Including Mailing)



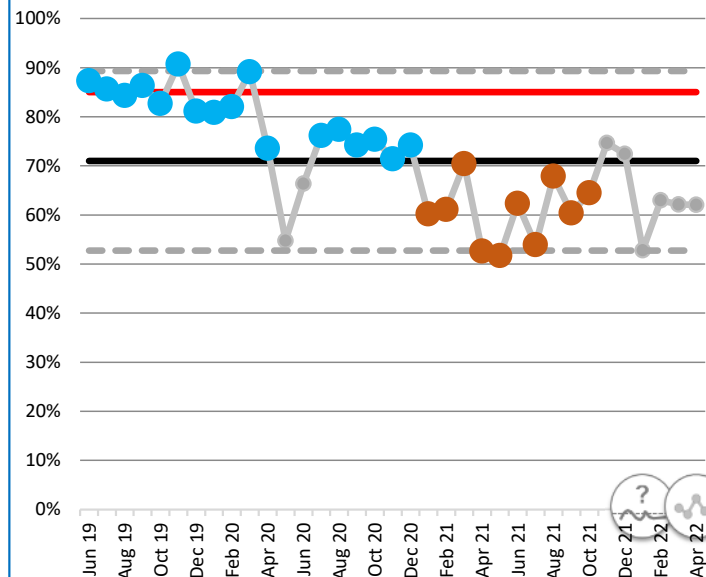
Commentary

This shows special cause concern.

Looking at SWB we are 136th out of 146 trusts in terms of volume of A&E attendances in April 22.

Note a reduction in A&E attendances is the desired outcome.

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



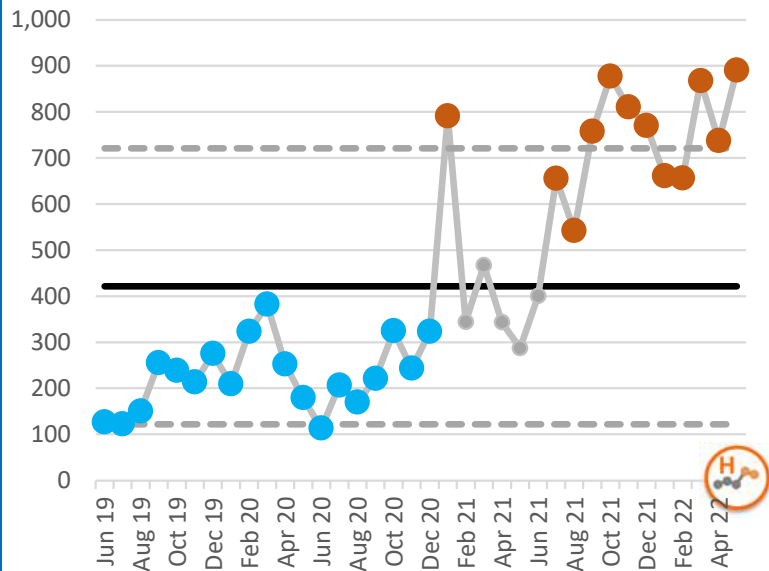
Commentary

This shows common cause variation.

SWB was ranked 99th out of 135 in April 22.

Quartile 3: Requires Improvement

Ambulance handover numbers over 30 mins



Commentary

****New Indicator**

This shows special cause concern.

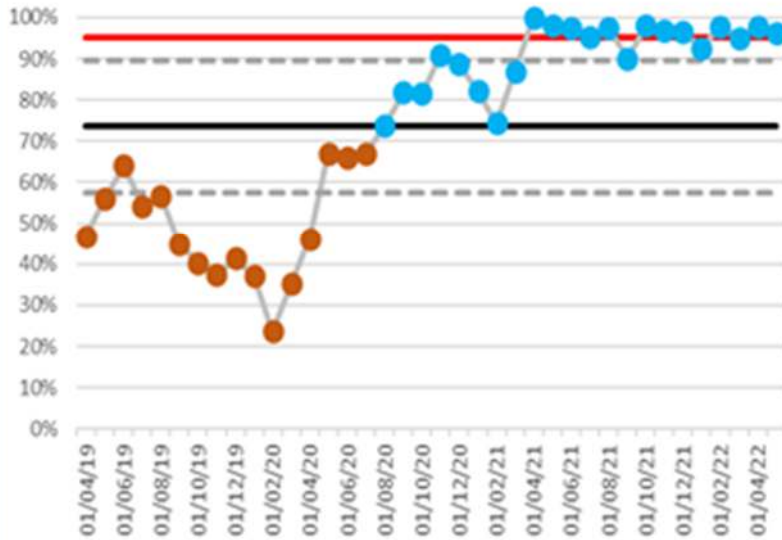
We are looking to find some hospital comparison data.

Commentary

Commentary

Commentary

Performance Against Better Practice Performance Compliance



Commentary

This show special cause improvement.

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

2022/23 I&E Performance (£Ms)



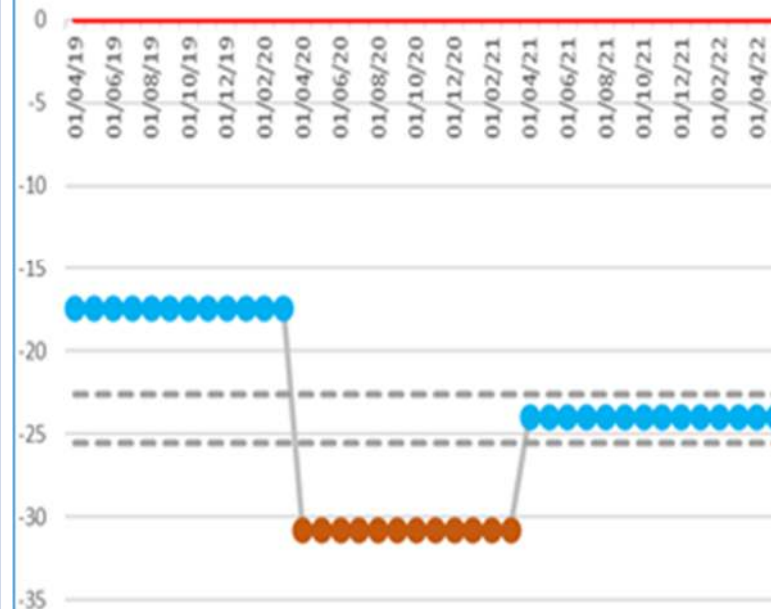
Commentary

Each month so far this financial year we have failed to achieve our monthly plan.

This would indicate that we not going to achieve our £31m deficit annual plan.

Commentary

Underlying Deficit (£ms)



Commentary

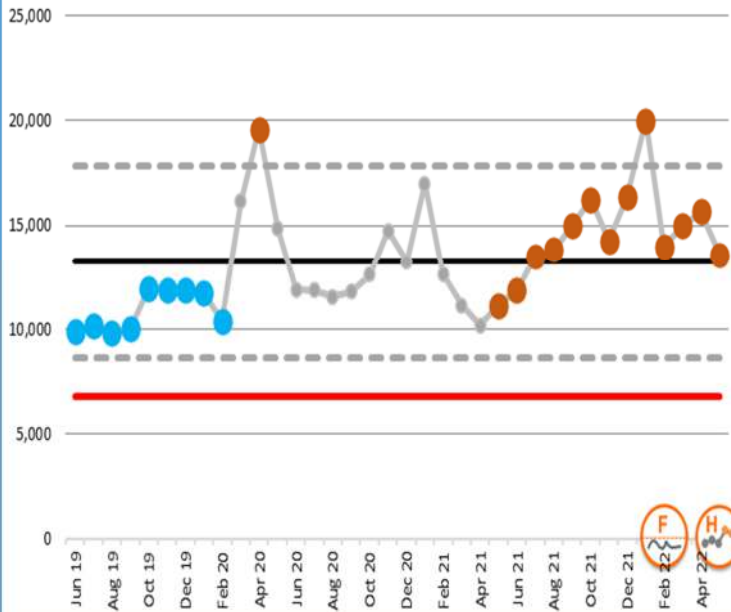
Finance report underlying deficit annually. The current underlying deficit is £24m

Performance Against Better Value Quality Care Plan (£000's) – To be report from month June 2022.

People

Executive Lead: Chief People Officer

Absence - lost days



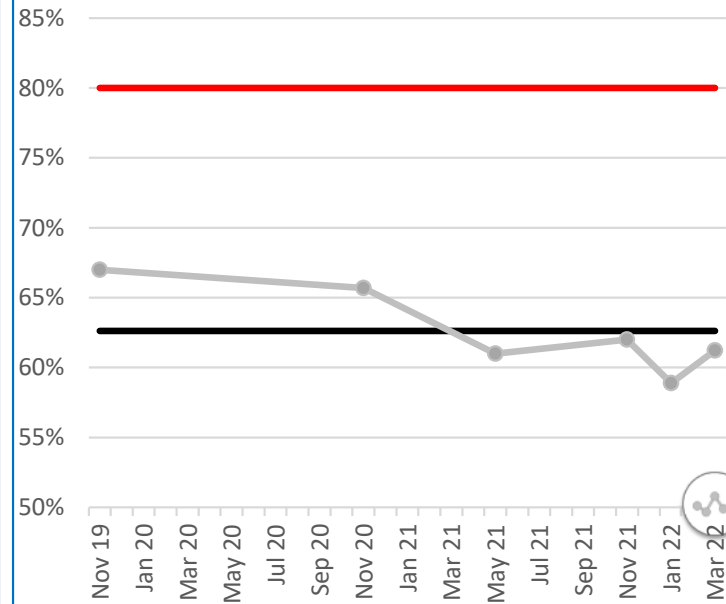
Commentary

This shows special cause concern.

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

Quartile 3: Requires Improvement

Pulse Survey



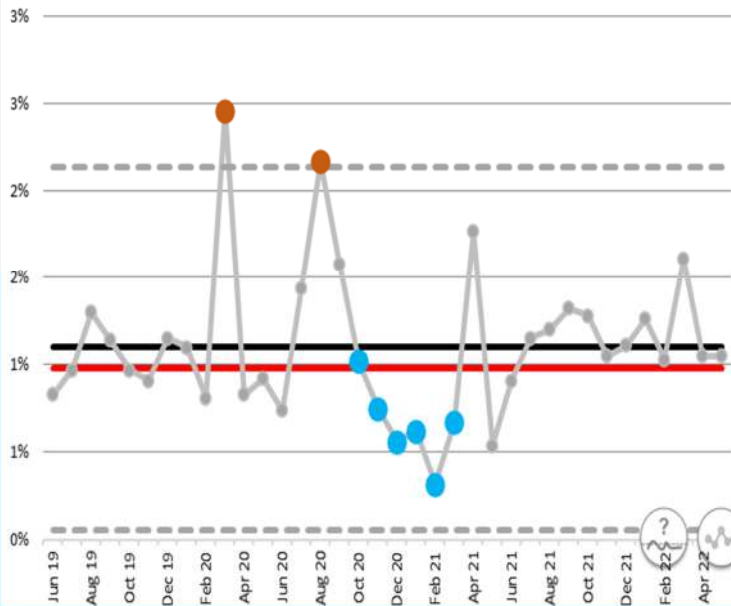
Commentary

This shows common cause variation.

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

Note: both National Staff Survey and Pulse Survey are included.

Turnover (monthly)

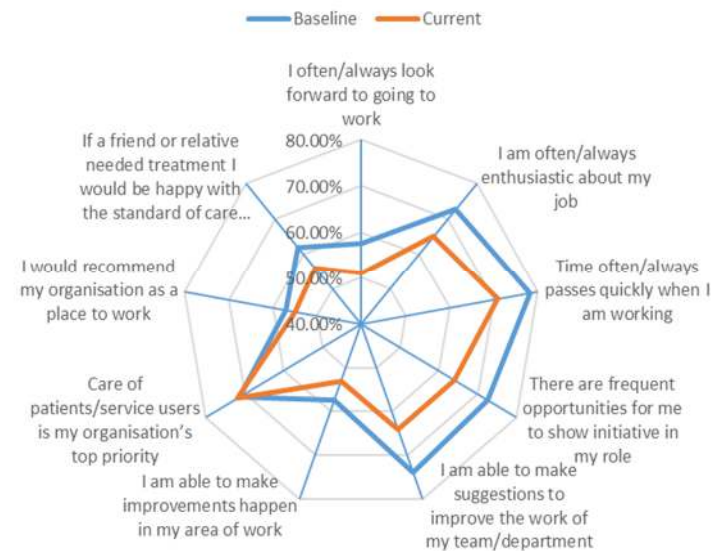


Commentary

This shows common cause variation.

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

Staff Survey

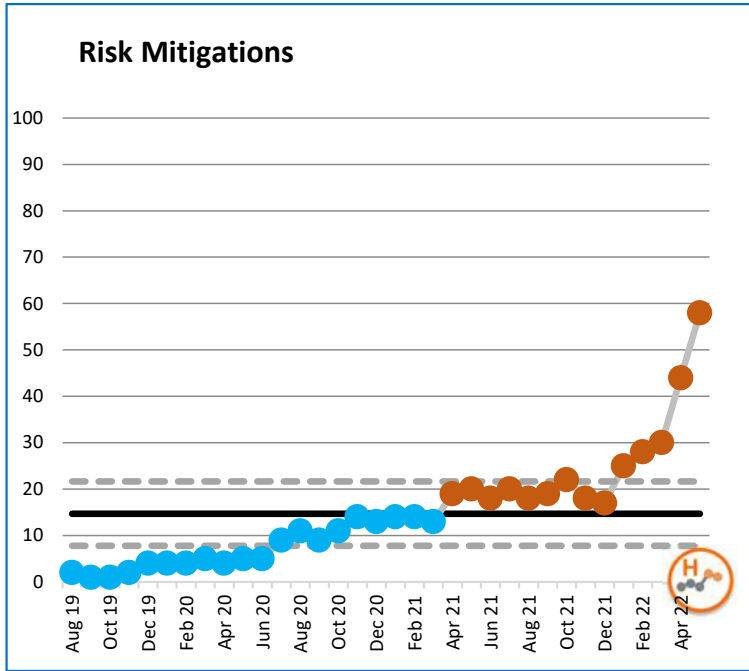


Commentary

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%



Commentary

This shows special cause concern.

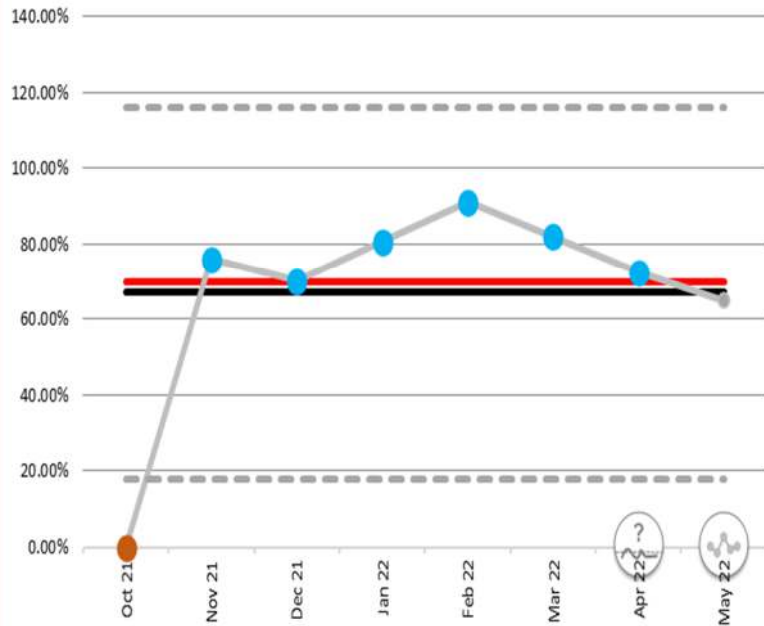
The Governance team, has closed a number of outstanding risks.

We need a target.

Population

Executive Lead: Chief Integration Officer

2 Hour Community Response

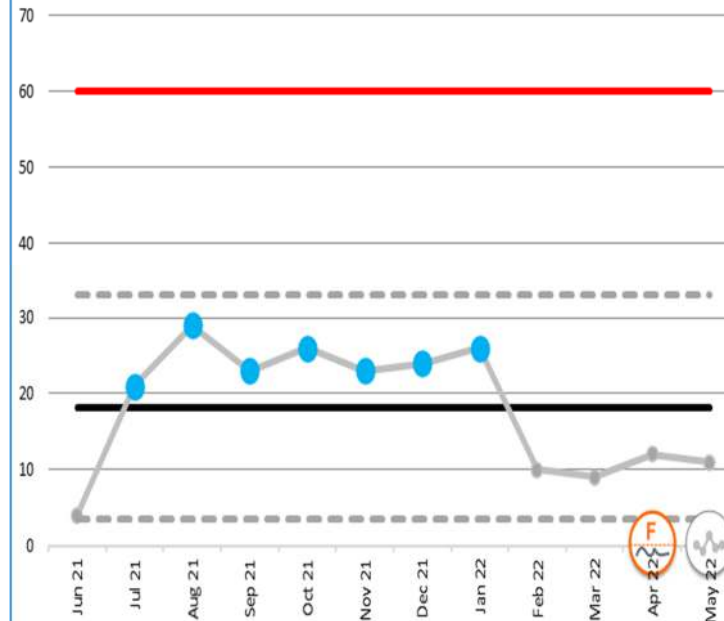


Commentary

This shows common cause variation.

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

Hospital at Home

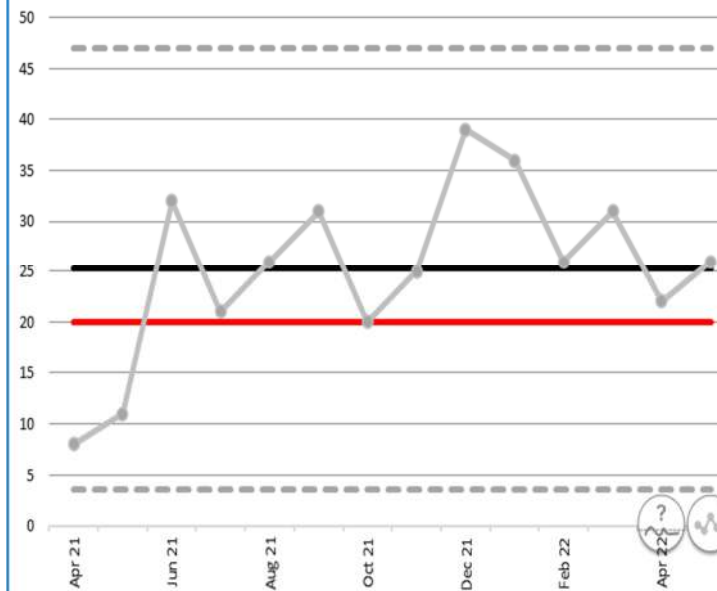


Commentary

This shows common cause variation.

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

Covid19 Virtual Ward

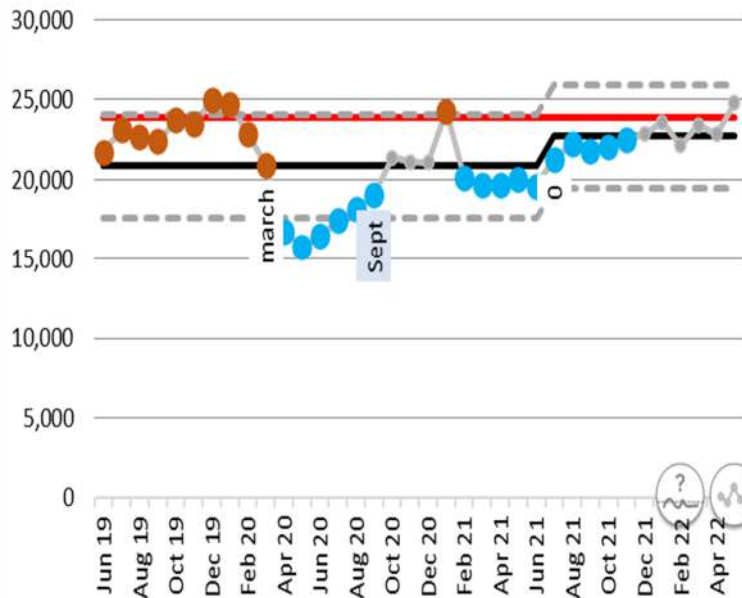


Commentary

This shows common cause variation.

This shows the number of patients referred to a virtual ward for management.

Occupied Bed Days



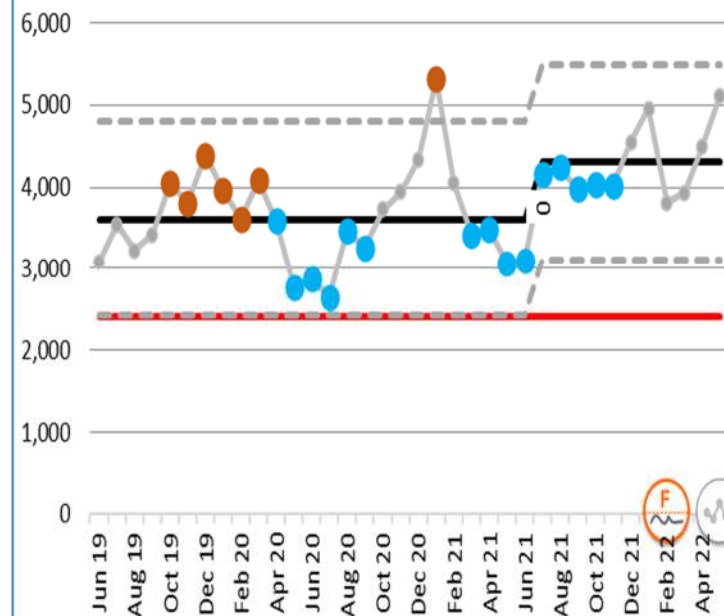
Commentary

This shows common cause variation.

This shows a GAP of between 26 and 31 beds dependant on occupancy rates, **this hides variability within each bed type.**

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

Geriatric Bed Days



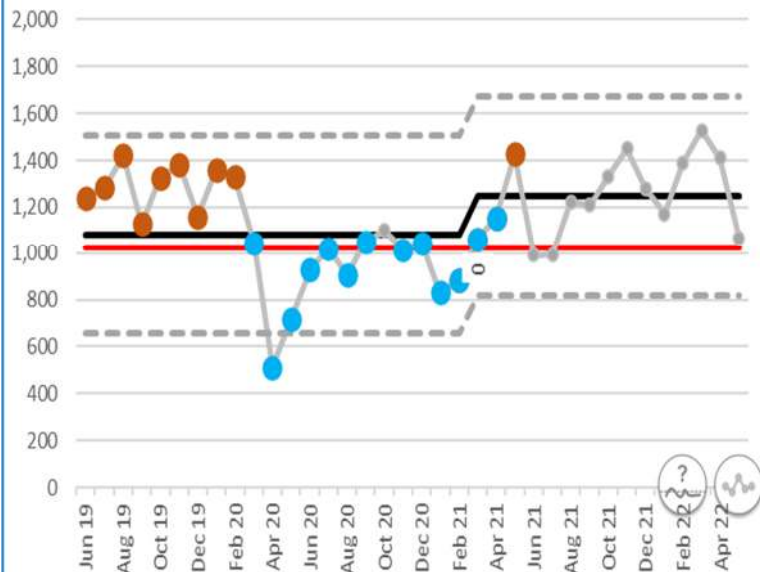
Commentary

The shows common cause variation.

This shows a GAP of around 85 beds dependant on occupancy rates.

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

Cardiology Bed Days



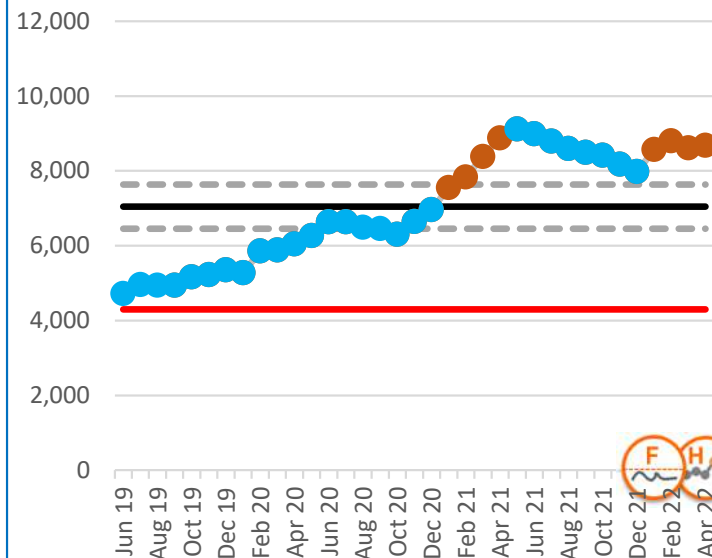
Commentary

This shows common cause variation.

This shows a 24 bed issues. We report a month behind as activity is allocated using discharge HRGs.

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

Inpatient RTT Incomplete Pathways



Commentary

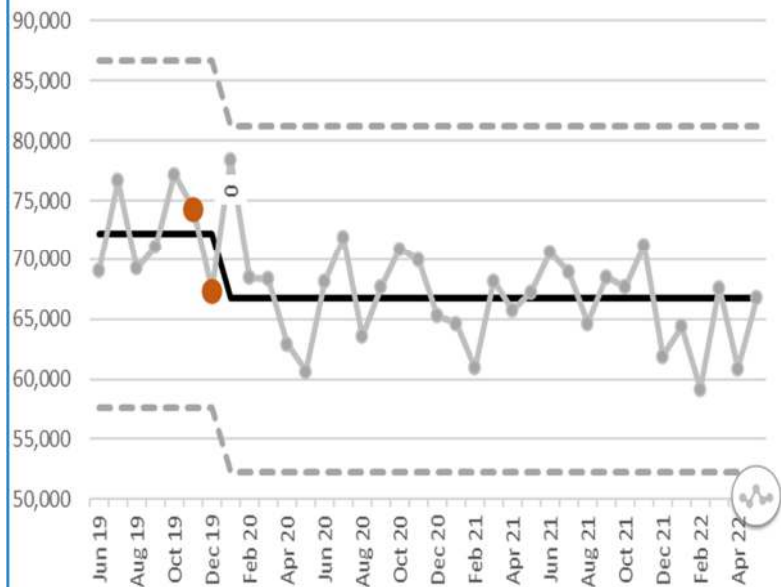
This shows special cause concern.

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.

Community Contacts



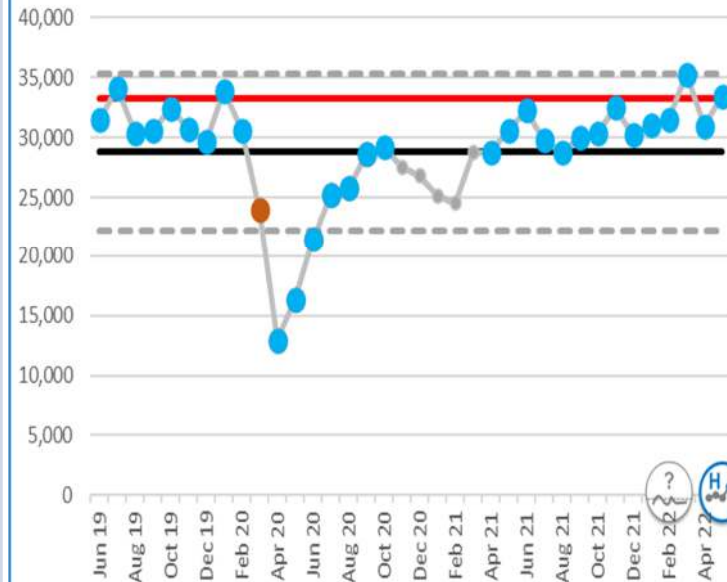
Commentary

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

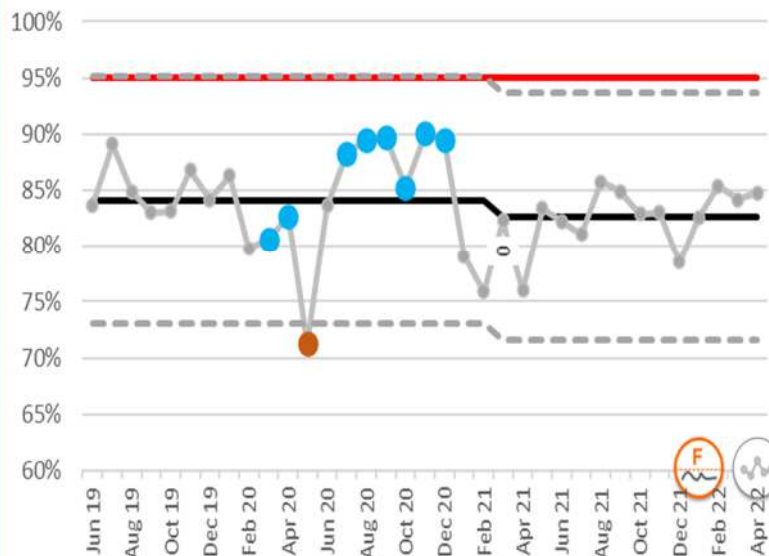


Commentary

This is showing special cause improvement.

We have set a target using 21/22 activity and then applying population growth 1% for most modalities but using 7% for CT/MRI.

Theatre Productivity - BADS



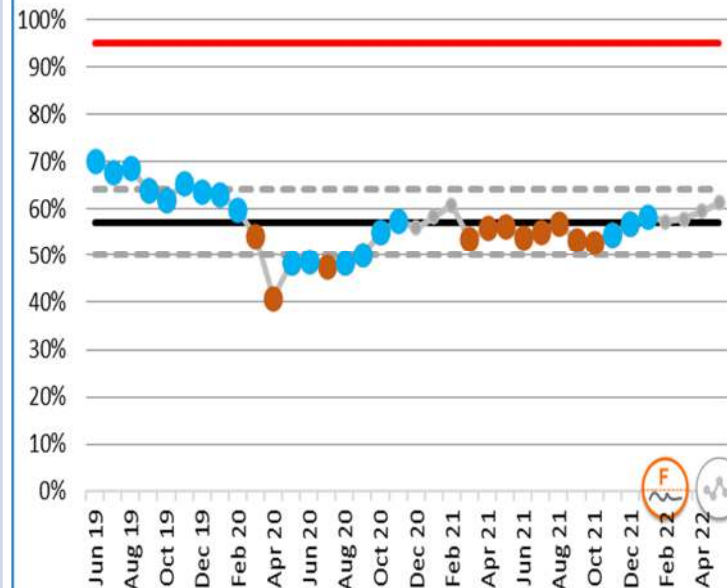
Commentary

This shows 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 common cause variation.

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	35.37%	29.48%	10.41%	7.78%	5.58%	4.85%	3.43%	1.01%	0.50%	0.72%	0.87%
Cardiology Beds	36.31%	30.14%	8.46%	9.04%	7.26%	3.52%	2.45%	0.82%	0.94%	0.53%	0.52%
Clinical Haematology Beds	42.76%	19.79%	13.49%	9.09%	9.27%	2.19%	1.66%	0.50%	0.50%	0.15%	0.61%
Community Contact	22.78%	40.59%	13.08%	6.50%	6.48%	6.60%	1.84%	0.78%	0.43%	0.17%	0.75%
Critical Care Beds	37.64%	25.52%	15.83%	7.40%	5.85%	2.98%	2.20%	0.04%	0.47%	0.82%	1.25%
Day Case Admissions	30.44%	26.56%	9.82%	9.27%	7.66%	5.27%	3.60%	2.42%	2.02%	1.84%	1.10%
Delivery Beds	39.65%	29.38%	12.83%	6.47%	4.48%	2.82%	1.61%	0.48%	0.30%	0.18%	1.79%
ED Type 1	36.49%	27.06%	11.06%	8.08%	5.49%	4.39%	2.09%	0.97%	0.71%	0.57%	3.10%
ED Type 1 - Ambulance Arrivals	38.22%	26.66%	10.25%	7.12%	5.64%	4.22%	2.18%	1.09%	0.69%	0.69%	3.24%
ED Type 3 (UTC)	21.67%	21.69%	7.57%	5.25%	3.63%	2.93%	1.51%	0.49%	0.36%	0.21%	34.69%
Elective Admissions	30.38%	26.75%	11.95%	9.48%	7.32%	5.51%	2.97%	1.81%	1.58%	1.50%	0.73%
Emergency Admissions	37.03%	28.54%	10.87%	7.88%	6.00%	4.40%	2.07%	0.96%	0.60%	0.57%	1.08%
Emergency Admissions - Medical Over 65	32.40%	30.79%	10.78%	7.86%	6.90%	5.76%	2.53%	1.19%	0.65%	0.86%	0.26%
Emergency Admissions - Medical Over 65 LOS	31.67%	31.36%	10.38%	9.27%	6.08%	5.59%	2.83%	1.18%	0.68%	0.82%	0.13%
Emergency Admissions - Zero LOS	37.37%	27.96%	11.19%	7.53%	6.13%	4.18%	1.90%	1.01%	0.74%	0.63%	1.36%
Emergency Admissions NOT SWB	40.00%	18.02%	11.90%	9.99%	5.48%	4.37%	2.94%	2.04%	1.51%	1.76%	2.00%
Gastroenterology Beds	33.91%	32.49%	9.85%	9.70%	4.94%	4.77%	0.86%	1.28%	0.58%	0.24%	1.39%
General Surgery Beds	31.40%	26.83%	12.13%	8.30%	9.44%	6.15%	3.07%	0.95%	0.61%	0.12%	1.01%
Geriatrics Beds	31.01%	30.62%	11.27%	9.94%	5.95%	5.60%	2.60%	1.33%	0.66%	0.68%	0.34%
Imaging Investigations	34.04%	27.29%	11.38%	8.88%	6.54%	5.28%	2.37%	1.16%	0.92%	0.70%	1.43%
Inpatient RTT Incomplete Pathways	30.34%	26.16%	11.53%	9.40%	7.64%	6.18%	3.38%	1.73%	1.77%	1.27%	0.59%
Intermediate Care Beds	27.07%	32.42%	10.05%	10.33%	6.25%	7.35%	3.06%	1.24%	1.07%	0.75%	0.41%
Maternity Beds	44.93%	27.14%	8.97%	8.17%	4.84%	2.55%	1.28%	0.41%	0.39%	0.11%	1.21%
Medicine Beds	35.48%	32.28%	10.13%	6.33%	7.53%	2.78%	1.58%	0.41%	0.30%	0.96%	2.21%
Neonatal Beds	52.42%	21.68%	5.35%	7.19%	7.73%	1.69%	0.90%	2.55%	0.04%	0.34%	0.11%
Occupied Bed Days	34.24%	29.34%	10.78%	8.70%	6.38%	4.75%	2.39%	1.06%	0.72%	0.74%	0.88%
Paediatric Beds	32.20%	33.81%	13.07%	7.09%	4.36%	3.90%	3.03%	0.53%	0.58%	0.43%	1.00%
Respiratory Beds	40.65%	28.21%	10.72%	8.23%	6.32%	2.50%	1.45%	0.44%	0.26%	0.00%	1.23%
Same Day Emergency Care (SDEC)	35.96%	28.01%	12.10%	9.41%	5.57%	4.16%	1.93%	0.94%	0.60%	0.35%	0.96%
Stroke Beds	39.30%	28.42%	9.72%	5.95%	6.41%	3.60%	1.52%	1.13%	1.06%	1.51%	1.37%
T&O Beds	29.17%	25.31%	14.55%	11.24%	8.05%	5.58%	3.06%	1.39%	1.16%	0.10%	0.39%
Theatre Productivity - BADS	30.92%	24.35%	11.05%	8.49%	7.70%	5.94%	3.38%	2.62%	2.32%	2.46%	0.76%
Womens Beds	30.18%	23.11%	9.03%	12.44%	5.70%	6.96%	2.56%	2.81%	2.05%	2.24%	2.92%

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		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		
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	40.91%	1.20%	6.55%	0.69%	0.13%	0.12%	0.80%	10.22%	8.14%	2.17%	1.48%	7.92%	3.04%	1.09%	0.28%	1.75%	1.19%	12.32%
Cardiology Beds	44.69%	1.17%	6.06%	0.18%	0.21%	0.00%	1.10%	13.03%	7.70%	2.87%	1.45%	6.60%	2.07%	1.84%	0.06%	1.26%	1.75%	7.95%
Clinical Haematology Beds	45.35%	0.41%	6.76%	0.64%	0.03%	0.00%	0.29%	7.05%	3.53%	2.65%	0.64%	11.80%	8.92%	2.01%	0.73%	2.04%	0.15%	7.00%
Community Contact	52.62%	0.52%	5.97%	1.66%	0.25%	0.50%	6.88%	9.32%	3.82%	1.46%	0.92%	4.00%	1.75%	1.53%	0.13%	2.57%	2.94%	3.16%
Critical Care Beds	42.06%	4.57%	6.47%	0.30%	0.02%	0.60%	0.24%	15.68%	7.14%	0.56%	0.82%	7.55%	7.92%	0.99%	0.00%	2.16%	0.39%	2.52%
Day Case Admissions	42.46%	1.02%	6.60%	0.84%	0.26%	0.24%	0.58%	11.62%	7.36%	2.32%	2.49%	7.31%	2.67%	1.86%	0.41%	2.51%	1.03%	8.43%
Delivery Beds	17.68%	0.39%	9.21%	1.97%	0.53%	0.71%	1.31%	15.59%	15.45%	5.99%	2.16%	3.81%	7.07%	1.65%	0.62%	4.50%	0.32%	11.04%
ED Type 1	30.26%	0.55%	5.80%	1.40%	0.32%	0.47%	1.18%	11.99%	7.87%	2.98%	2.35%	6.38%	3.53%	1.53%	0.40%	3.62%	1.11%	18.25%
ED Type 1 - Ambulance Arrivals	36.42%	0.89%	5.36%	0.86%	0.20%	0.30%	0.89%	10.13%	6.73%	2.38%	1.74%	5.45%	2.43%	1.05%	0.25%	2.63%	1.29%	20.99%
ED Type 3 (UTC)	7.07%	0.00%	0.05%	0.15%	0.03%	0.04%	0.07%	0.12%	2.53%	0.82%	3.64%	1.27%	1.11%	0.11%	0.10%	1.80%	80.50%	0.60%
Elective Admissions	44.76%	0.85%	7.36%	0.96%	0.19%	0.39%	0.85%	11.14%	8.48%	2.04%	2.27%	6.48%	2.66%	1.54%	0.50%	2.39%	1.35%	5.78%
Emergency Admissions	34.19%	0.85%	6.00%	1.44%	0.29%	0.44%	1.01%	12.55%	8.07%	3.66%	2.11%	6.21%	3.92%	1.38%	0.42%	3.37%	0.87%	13.23%
Emergency Admissions - Medical Over 65	51.37%	1.99%	6.80%	0.25%	0.05%	0.05%	0.45%	11.29%	5.07%	1.90%	1.08%	7.24%	0.46%	1.03%	0.40%	0.98%	1.24%	8.36%
Emergency Admissions - Medical Over 65 L	54.55%	2.07%	7.70%	0.46%	0.05%	0.09%	0.52%	9.29%	4.50%	1.10%	1.12%	7.51%	0.58%	1.06%	0.53%	0.72%	0.96%	7.21%
Emergency Admissions - Zero LOS	26.82%	0.48%	5.56%	1.86%	0.33%	0.83%	1.38%	13.53%	9.24%	4.31%	2.10%	5.85%	4.60%	1.47%	0.50%	4.42%	0.77%	15.96%
Emergency Admissions NOT SWB	24.11%	1.17%	3.15%	1.44%	0.31%	0.35%	0.75%	5.55%	11.78%	3.08%	2.30%	4.66%	4.40%	0.80%	0.50%	3.65%	1.79%	30.20%
Gastroenterology Beds	43.16%	0.79%	6.69%	0.50%	0.08%	0.10%	0.29%	16.71%	6.08%	1.18%	3.23%	5.00%	3.97%	0.52%	0.63%	0.69%	1.39%	8.98%
General Surgery Beds	46.31%	0.81%	8.73%	1.31%	0.14%	0.19%	0.28%	12.20%	4.73%	2.21%	1.24%	7.90%	2.92%	1.52%	0.61%	2.83%	0.48%	5.59%
Geriatrics Beds	56.85%	1.99%	7.61%	0.74%	0.06%	0.10%	0.71%	7.85%	4.22%	0.90%	0.73%	7.67%	0.43%	1.13%	0.60%	0.67%	0.83%	6.90%
Imaging Investigations	30.74%	0.61%	9.24%	1.16%	0.32%	0.32%	0.77%	11.77%	7.25%	2.76%	2.19%	5.85%	4.22%	1.34%	0.36%	2.84%	6.62%	11.62%
Inpatient RTT Incomplete Pathways	37.59%	0.80%	10.19%	0.89%	0.23%	0.25%	0.61%	11.31%	6.46%	2.15%	2.10%	5.52%	2.91%	1.36%	0.37%	2.65%	7.64%	7.00%
Intermediate Care Beds	68.92%	1.36%	6.12%	0.20%	0.03%	0.05%	0.28%	5.63%	0.52%	0.30%	0.62%	8.51%	1.69%	1.39%	0.43%	0.33%	0.34%	3.27%
Maternity Beds	12.80%	0.37%	4.86%	2.43%	0.63%	0.68%	1.22%	14.81%	13.28%	8.25%	3.23%	5.19%	8.19%	1.12%	0.57%	5.10%	0.46%	16.80%
Medicine Beds	33.71%	0.20%	7.04%	1.80%	0.04%	0.07%	2.30%	9.65%	7.98%	1.21%	1.79%	12.00%	4.66%	1.75%	0.05%	2.90%	1.16%	11.69%
Neonatal Beds	16.29%	0.00%	3.71%	4.76%	4.83%	1.46%	2.25%	12.43%	7.77%	4.83%	2.77%	4.08%	6.44%	0.90%	0.11%	6.91%	0.07%	20.39%
Occupied Bed Days	44.98%	1.17%	6.72%	0.96%	0.26%	0.22%	0.83%	10.22%	6.19%	2.09%	1.53%	7.44%	3.20%	1.44%	0.43%	1.94%	0.87%	9.50%
Paediatric Beds	27.24%	0.09%	5.22%	2.64%	0.51%	1.14%	1.93%	12.04%	10.79%	4.36%	3.26%	5.08%	5.41%	1.30%	0.36%	7.24%	0.11%	11.26%
Respiratory Beds	44.40%	1.25%	8.08%	1.19%	0.36%	0.68%	1.23%	8.70%	4.15%	1.58%	1.79%	9.37%	2.52%	1.20%	0.42%	2.08%	1.08%	9.94%
Same Day Emergency Care (SDEC)	33.27%	0.48%	6.77%	1.29%	0.23%	0.37%	0.75%	12.86%	8.02%	2.82%	2.61%	8.12%	4.12%	1.75%	0.31%	2.91%	1.48%	11.81%
Stroke Beds	36.36%	1.01%	5.93%	0.46%	0.23%	0.00%	0.76%	11.77%	5.69%	1.72%	1.03%	10.18%	3.81%	2.09%	0.48%	1.05%	1.09%	16.32%
T&O Beds	57.01%	1.73%	8.58%	0.45%	0.00%	0.04%	0.42%	9.63%	3.79%	0.95%	1.38%	5.32%	1.58%	1.71%	0.33%	1.03%	0.82%	5.24%
Theatre Productivity - BADS	45.52%	1.00%	6.64%	0.63%	0.17%	0.23%	0.53%	12.24%	6.40%	1.86%	1.86%	6.01%	2.29%	1.59%	0.43%	1.69%	1.09%	9.82%
Womens Beds	38.34%	0.71%	4.45%	1.17%	0.11%	0.16%	0.30%	7.94%	6.98%	2.70%	1.72%	6.52%	3.79%	1.99%	0.49%	1.99%	2.40%	18.23%

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 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>

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.