Board Level Metrics & IQPR Exceptions
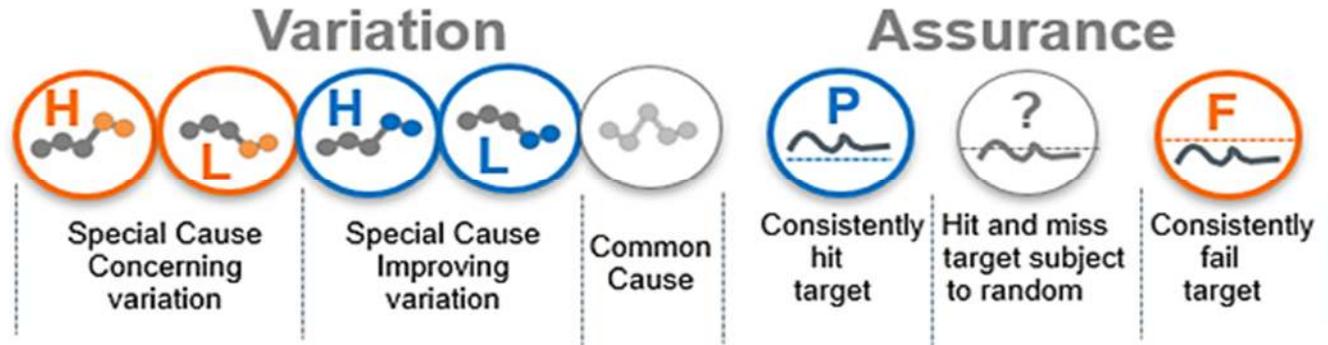
INTEGRATED PERFORMANCE REPORTING – APRIL 2022

| 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	Safe Staffing (Nursing) – we have obtained the Nurse Band 5 vacancies being recruited to over time and the HCAs.
Caring Chief Nurse Officer	Friends & Family Test (FFT) Recommended % Perfect Ward – Average Score, Perfect Ward – Number of Inspections	Friends and Family response % has been removed
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	New Indicator - Covid – Virtual Ward has been built
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.

Board Level Metrics | Variation / Assurance

The matrix below shows how each metric is performing:
- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

Variation \ Assurance	**Pass**	**Hit & Miss**	**Fail**	**No target**
Special Cause: Improvement		Perfect Ward – Average Score, Emergency Readmissions.	Sepsis Treated within 1 Hour, Perfect Ward – Number of Inspections.	Nurse band 5 vacancies
Common Cause		HSMR, SHMI, E-coli, C-difficile, Patient Safety (moderate harm or above), 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	Emergency Care Attendances. This is misleading because we desire low attendances.	MRSA Screening – Non Elective, Patient safety incidents, Serious Incidents,	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,
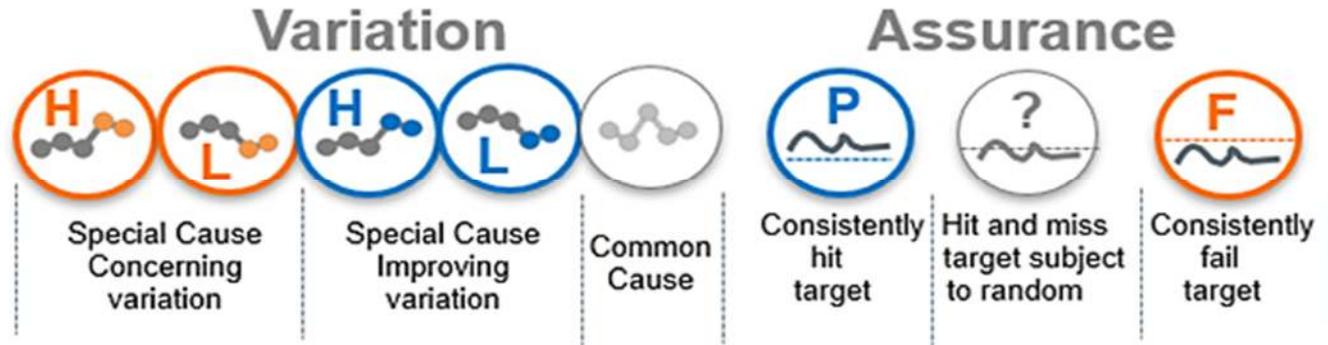
4

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		Cardiology Bed Days	Geriatric Bed Days, Theatre Productivity BADS, SDEC	Community Contacts
	Special Cause : Concern	Occupied Bed Days		Inpatient RTT Incomplete Pathways,	

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

- SitRep Late cancellations are 30 against a target of 20. However this is an improvement of last months 69 and is the lowest since May 21.

- DM01 performance continues to show poor performance with 40.9% in excess of 6 weeks.

- DM01 performance was discussed at Operational Management committee, we were informed that there are number of additional waiting list records (~6000) that have not been put onto the Imaging waiting list by our partner Modality, this will have affected our April performance, these are being added onto the waiting list now.

Hospital Standardised Mortality Rate (HSMR) - Overall (monthly)
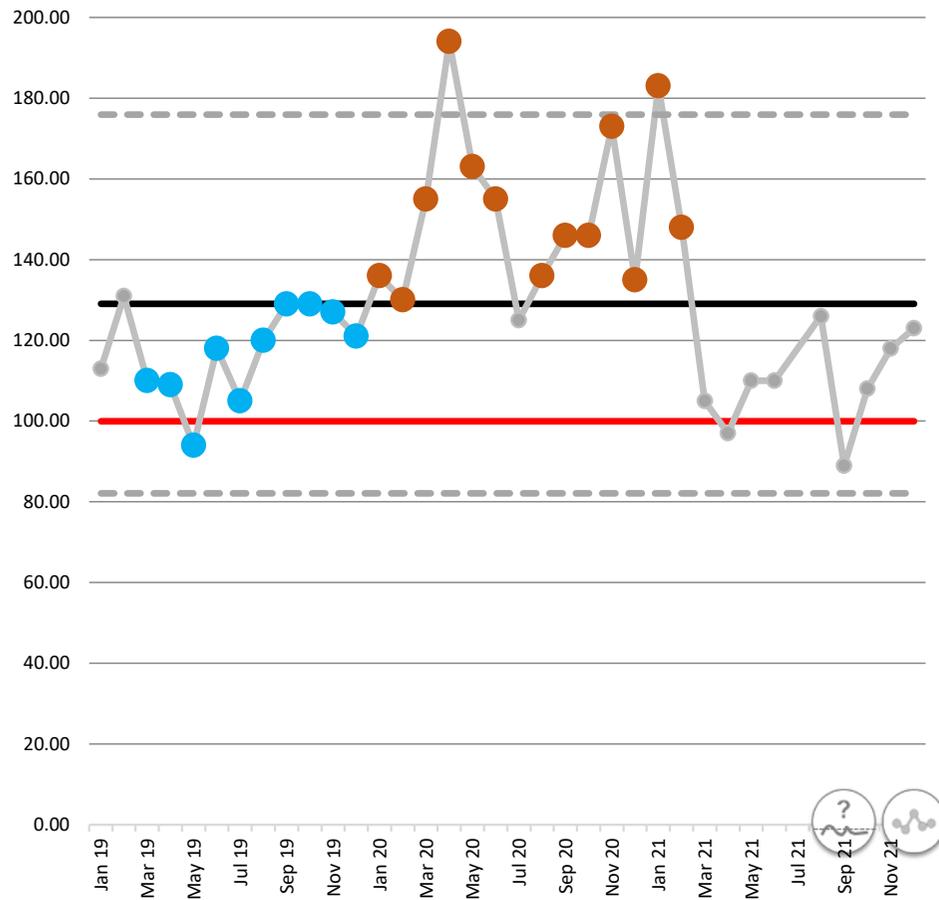
Summary Hospital-level Mortality Index (SHMI) (monthly)
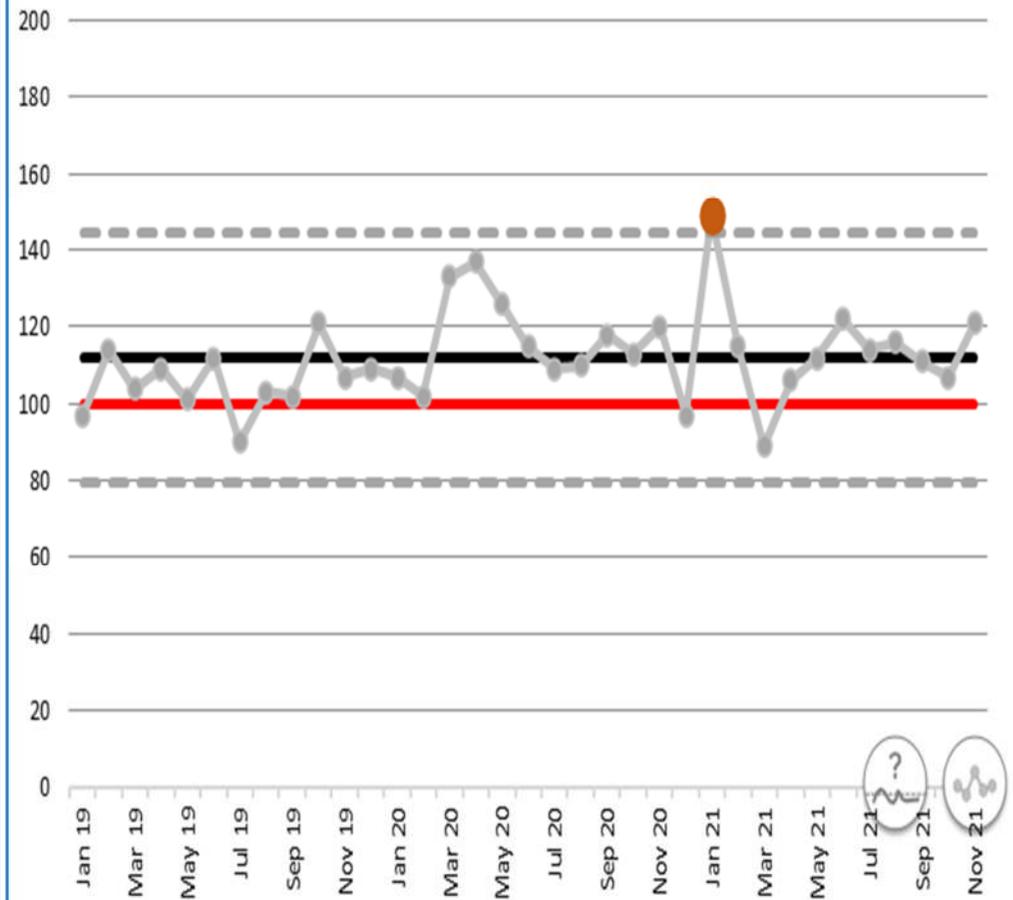
Commentary

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

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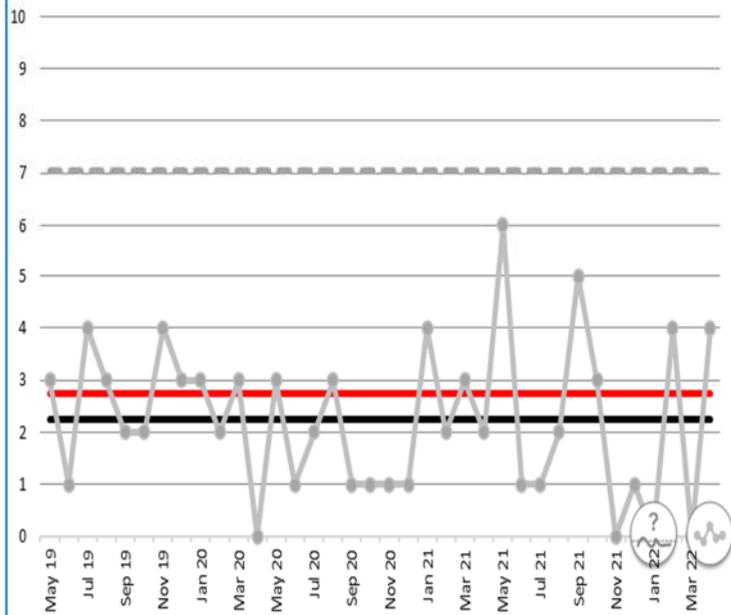
Commentary

This shows common cause variation on month by month basis .

SWB is consistently above the SHMI national mean. Common cause variation is seen through most of the period indicating a predictable process. We were ranked 108th out of 122 Trusts as of December'21 using 12 month cumulative performance from Public View.

Quartile 4 – **Inadequate**

7

C. Difficile (Post 48 hours)
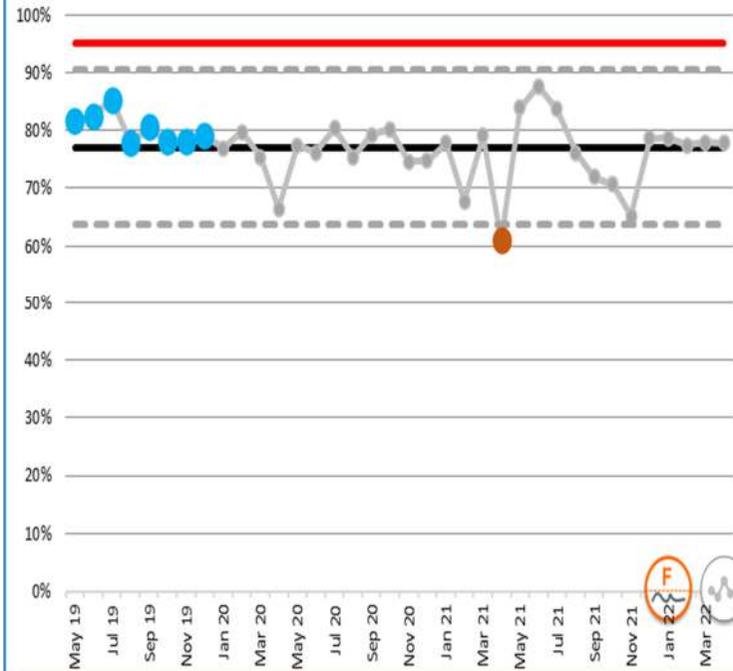

Commentary

This shows common cause variation .

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

SWB was ranked 54th out of 138 Trusts in February 22.

*Quartile 2: **Good***

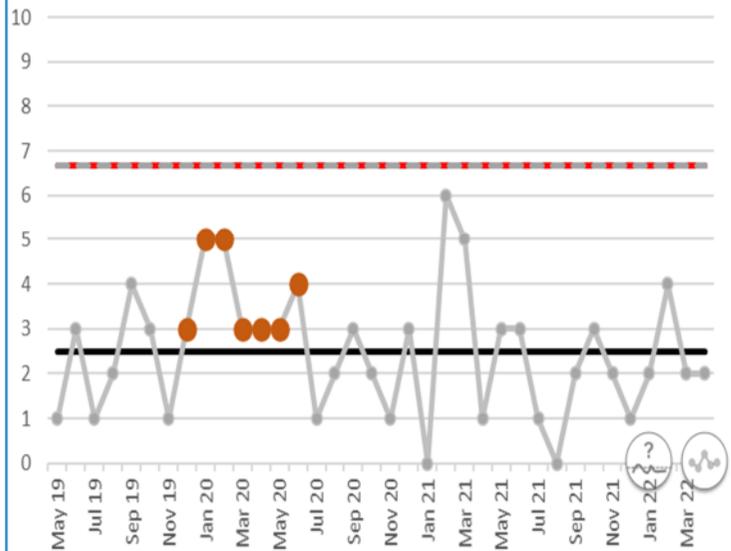## MRSA Screening - Elective

Commentary

This shows common cause variation.

Separate to the screening measures MRSA all cases – February 22 shows SWB ranked 33 rd of 138.

*Quartile 1: **Outstanding***

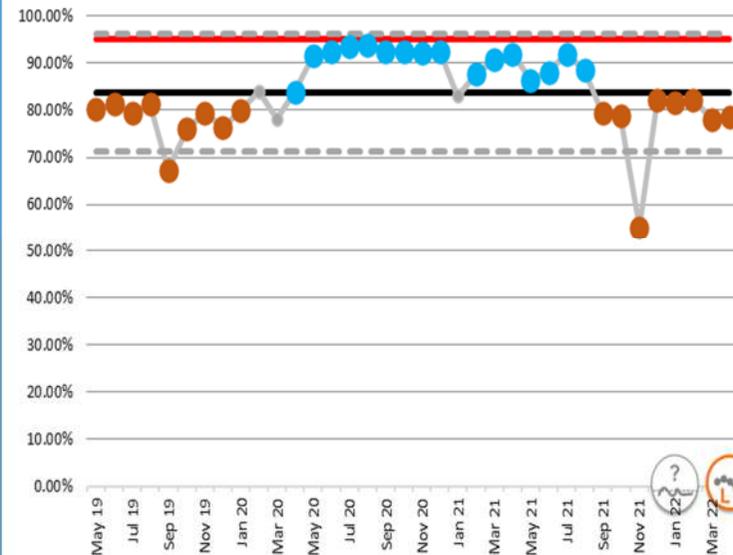## E Coli Bacteraemia (Post 48 Hours) - rate per 100,000 bed days

Commentary

This shows common cause variation.

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

Performance has been stable. *SWB is ranked 38h out of 138 Trusts in February 22.*

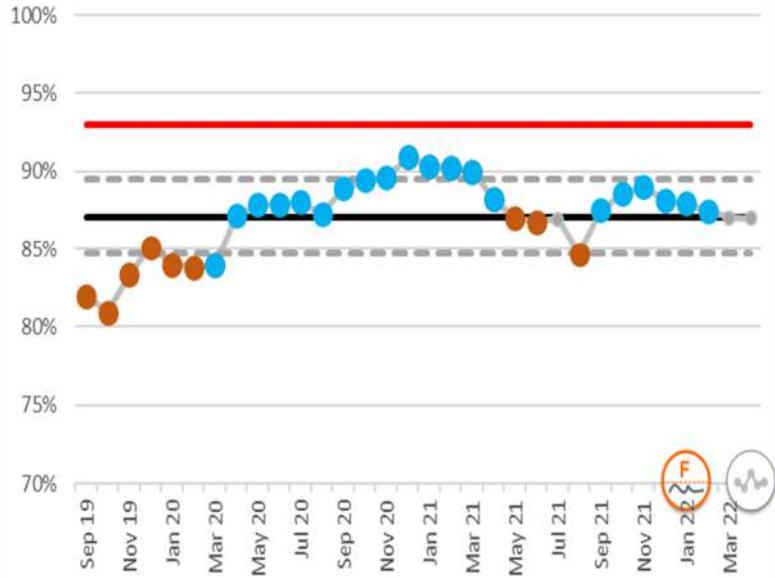*Quartile 2: **Good***

MRSA Screening - Non Elective

Commentary

This shows special cause concern.

Separate to the screening measures MRSA all cases – February 22 shows SWB ranked 33 rd of 138.

*Quartile 1: **Outstanding***
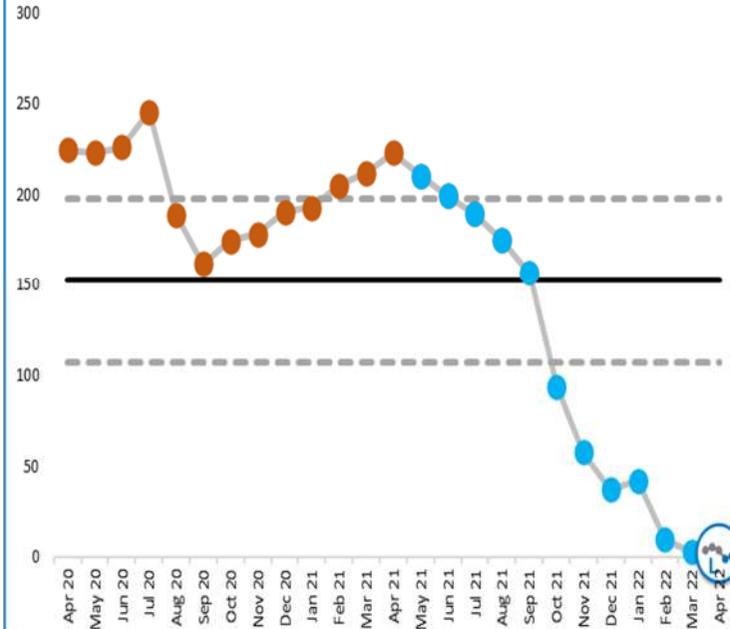
Doctor Vacancies

Commentary

This shows common cause variation.

This process is starting to perform in control albeit below the target.
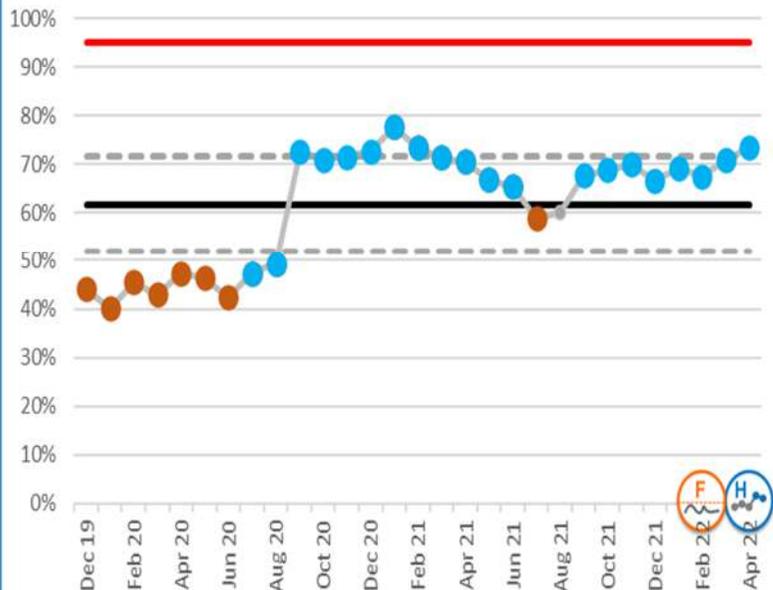
Nurse Band 5 Vacancies

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

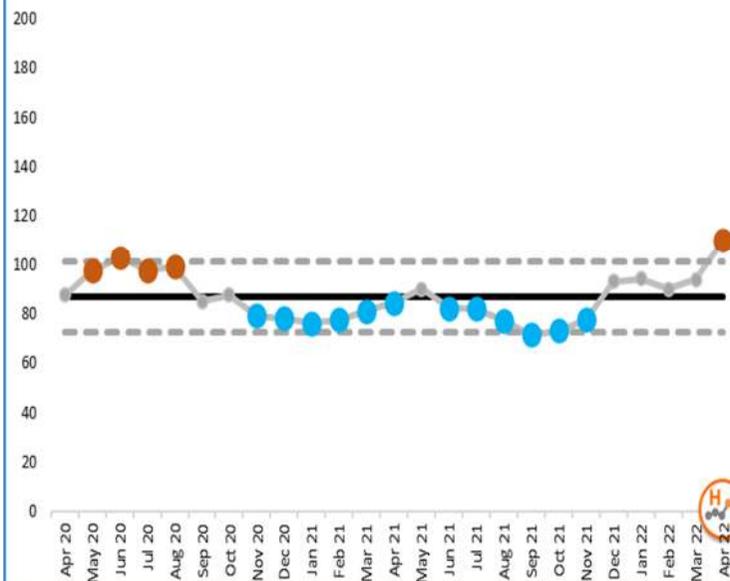*This shows special cause improvement.*

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

HCA Vacancies

Commentary

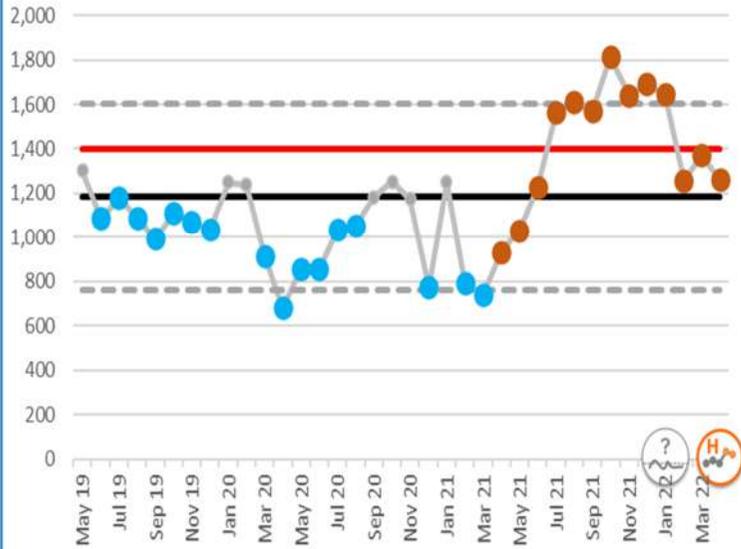****New Indicator**

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.
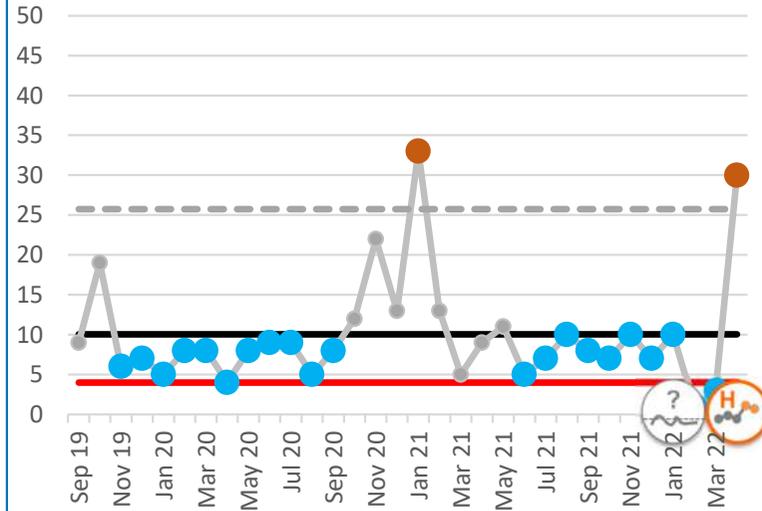
9

Safe

Executive Lead: Chief Medical Officer

Patient Safety Incidents

Serious Incidents

Patient Safety (Moderate harm or above)

Rate of Moderate harm or above incidents against Patient Safety Incidents

Caring

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
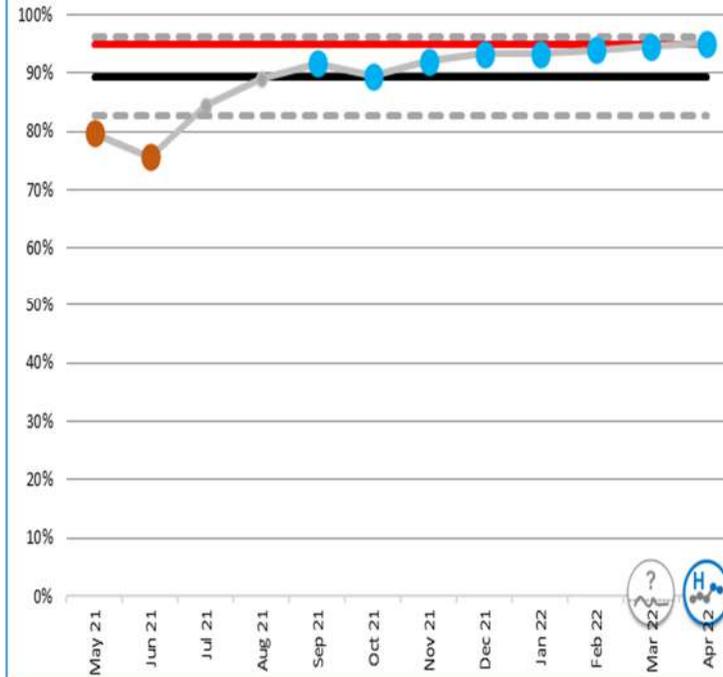
Commentary

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
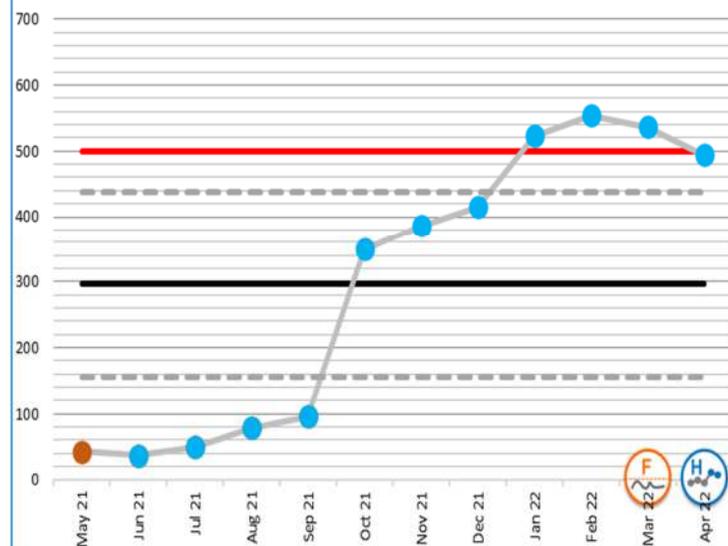
Commentary

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
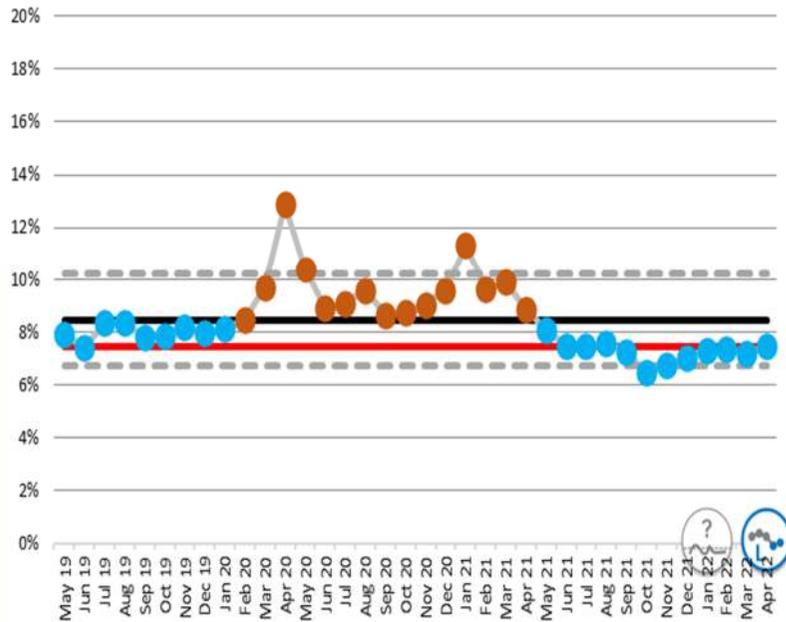
Commentary

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
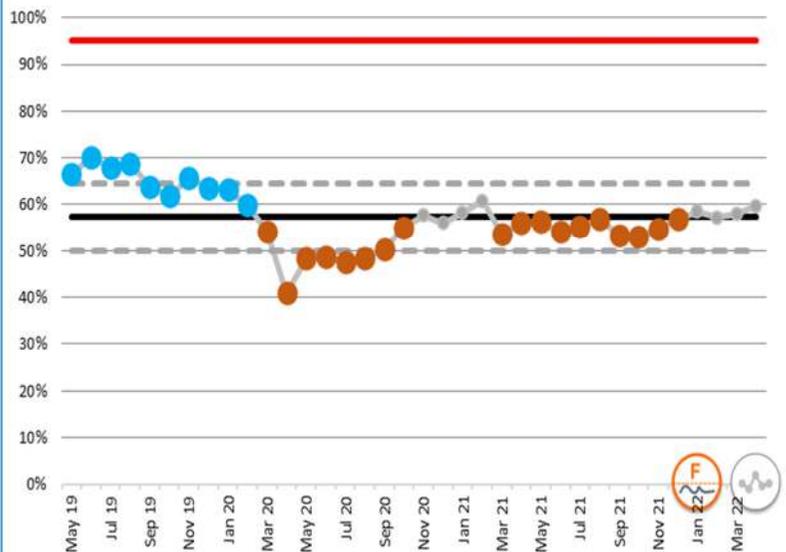
Commentary

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
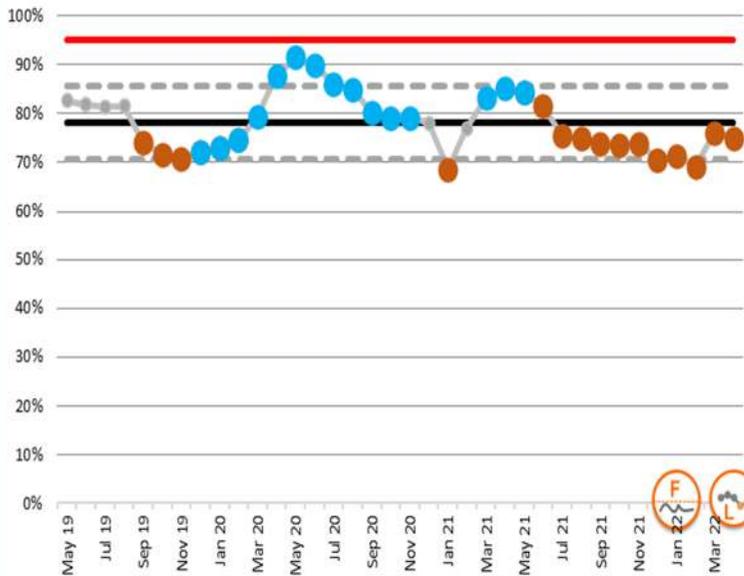
Commentary

This shows Special cause concern.

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

*Quartile 2: **Good***

RTT - Incomplete Pathway (18-weeks)
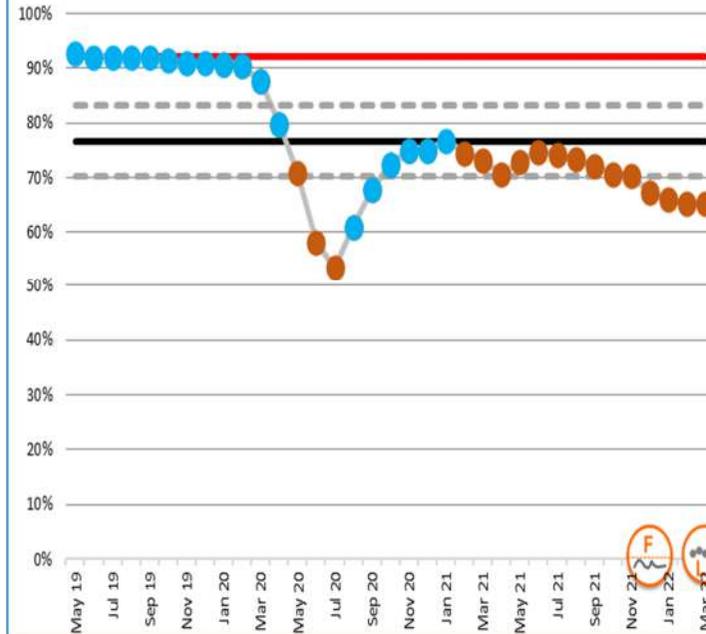
Commentary

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 Malling)
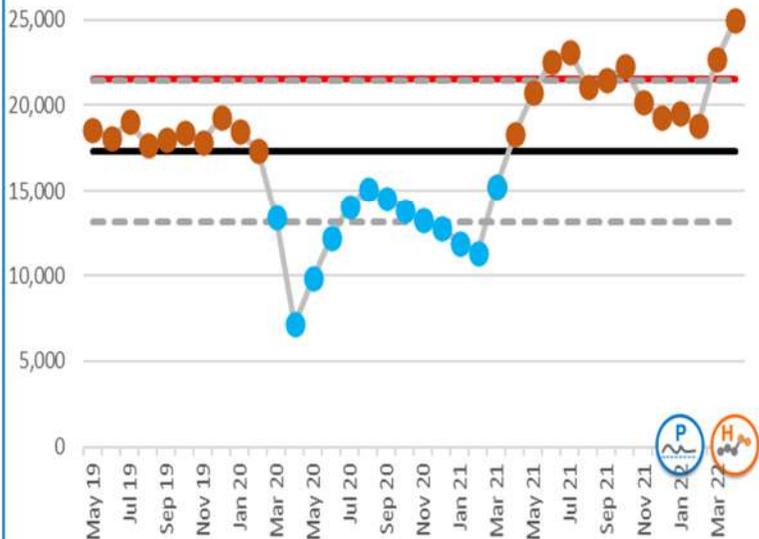
Commentary

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
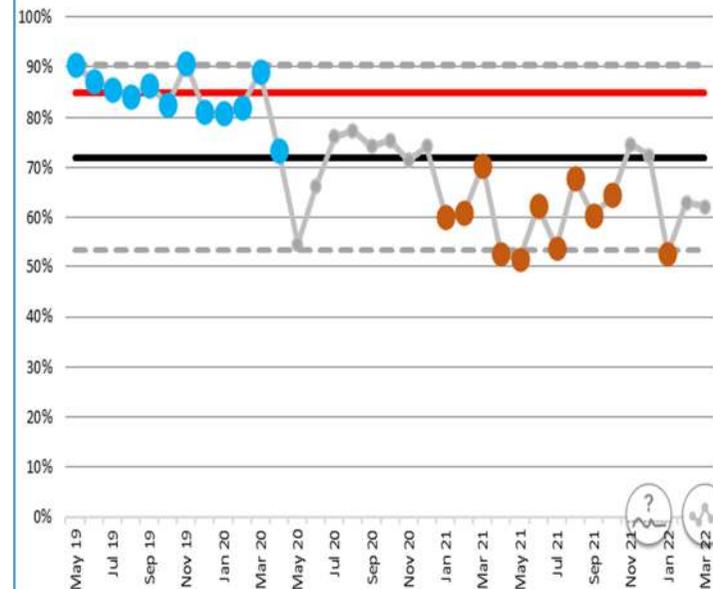
Commentary

This shows special cause concern.

SWB was ranked 99th out of 135 in March 22.
Quartile 3: Requires Improvement

13

Ambulance handover numbers over 30 mins
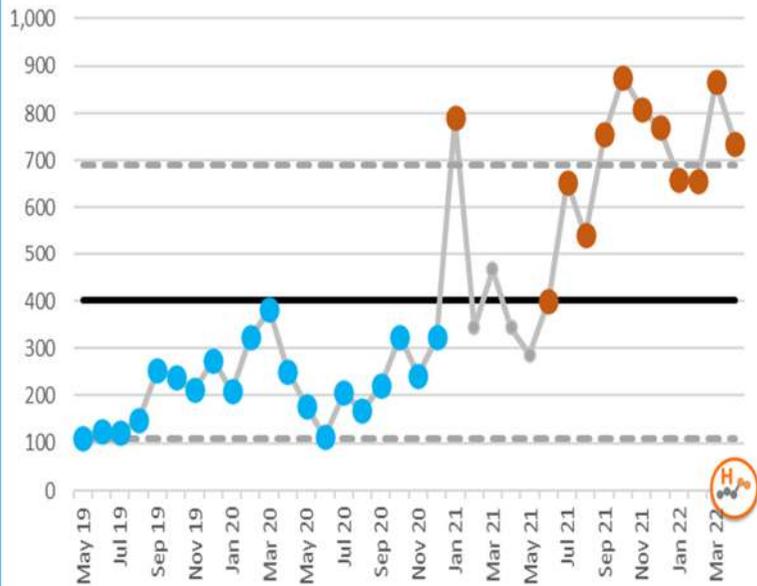
**New Indicator

This shows Special cause concern.

We are looking to find some hospital comparison data.

Performance Against Better Practice Performance Compliance
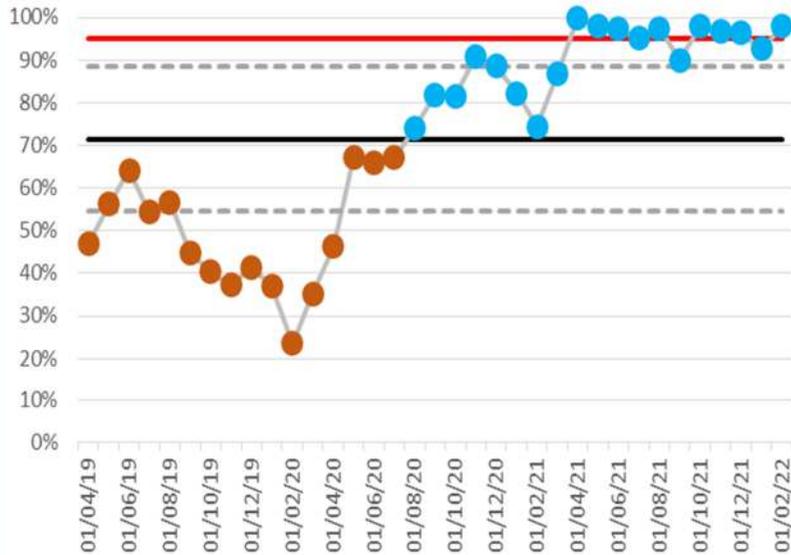
Commentary

This show Special cause improvement.

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

2021/22 I&E Performance (£Ms)
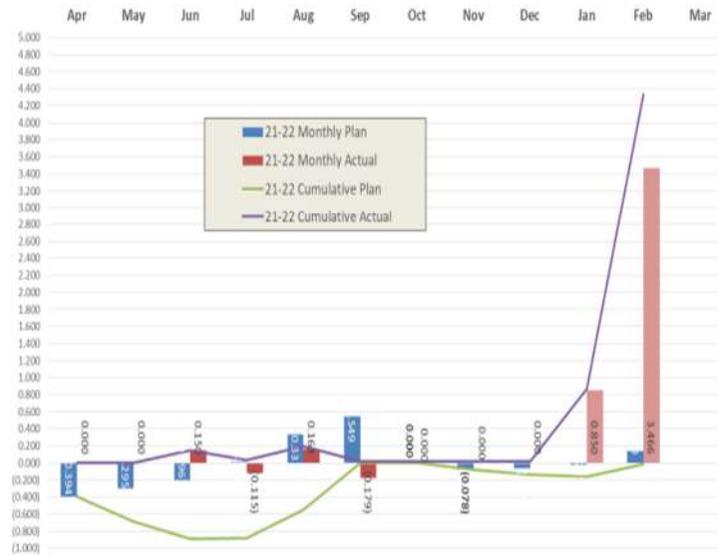
Commentary

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

This has driven a positive annual position.

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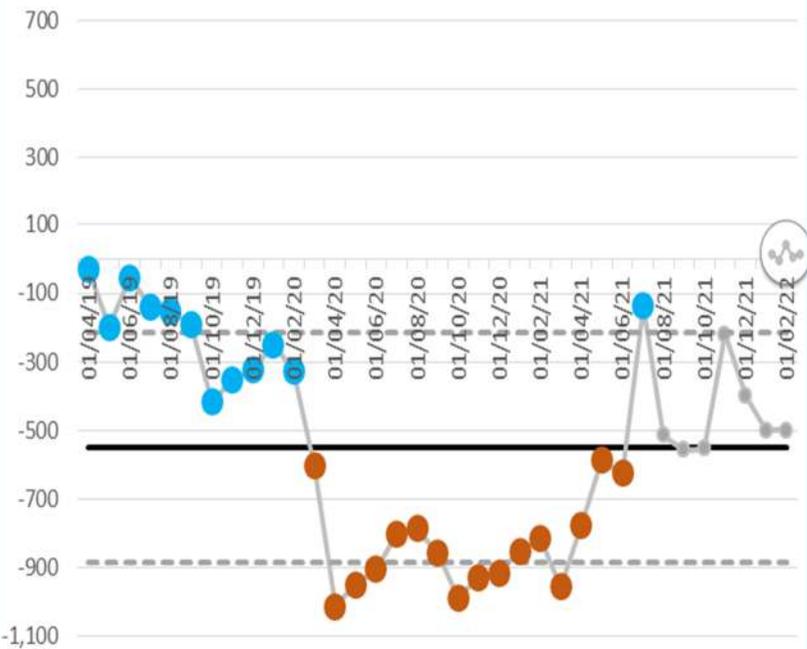
Commentary

CIP shows common cause variation.

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

Underlying Deficit (£ms)
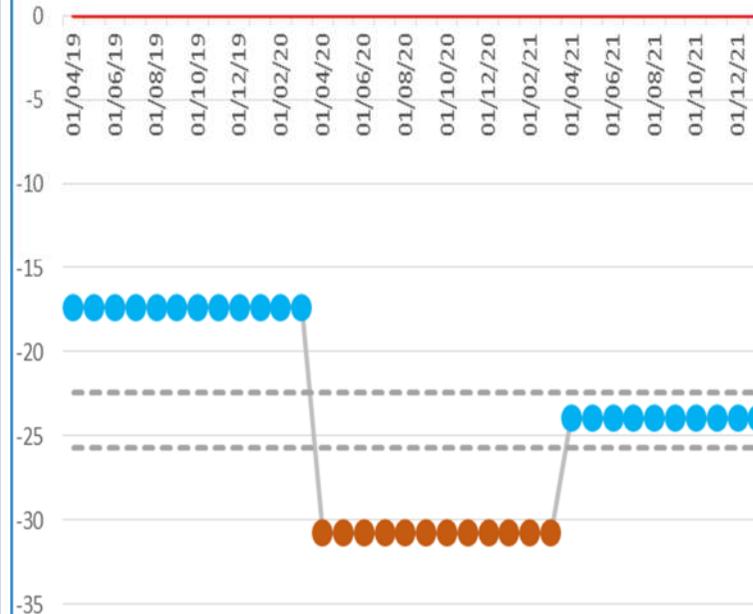
Commentary

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

People

Executive Lead: Chief People Officer

Absence - lost days
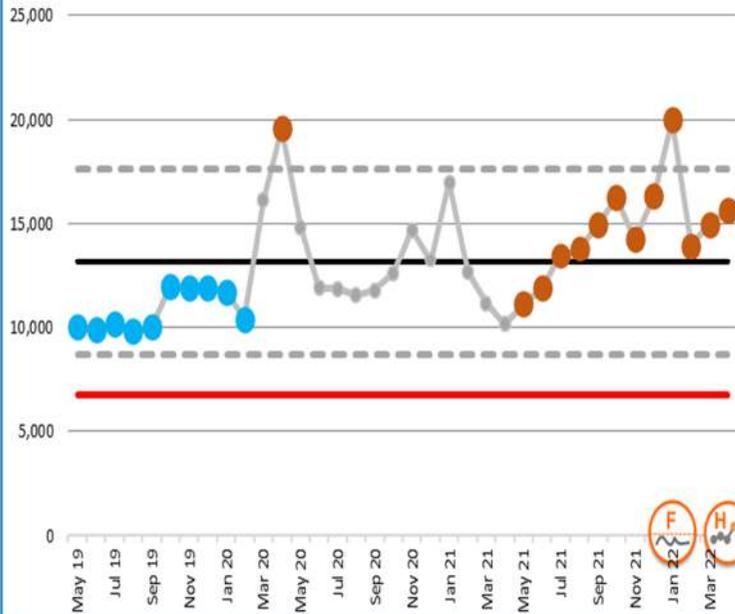
This shows special cause concern.

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

Quartile 3: Requires Improvement

Pulse Survey
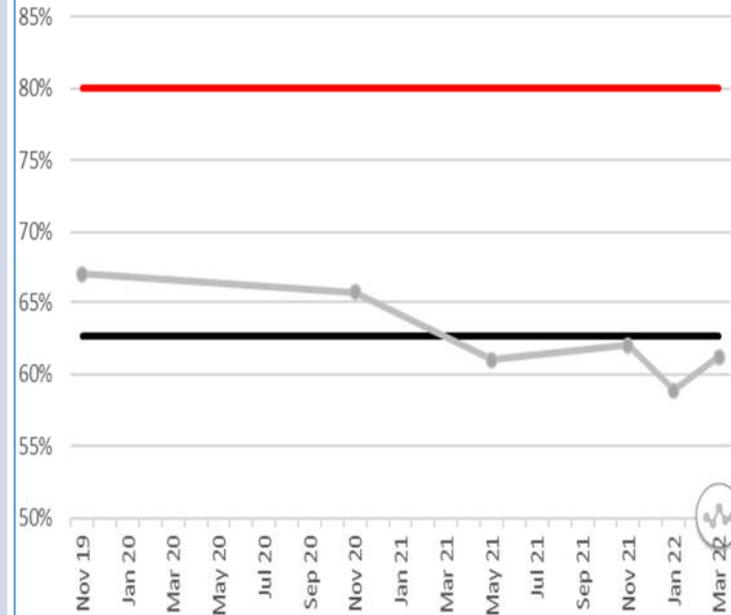
Commentary

This shows common cause variation.

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

Although a downward projection can be seen.

Commentary

Turnover (monthly)
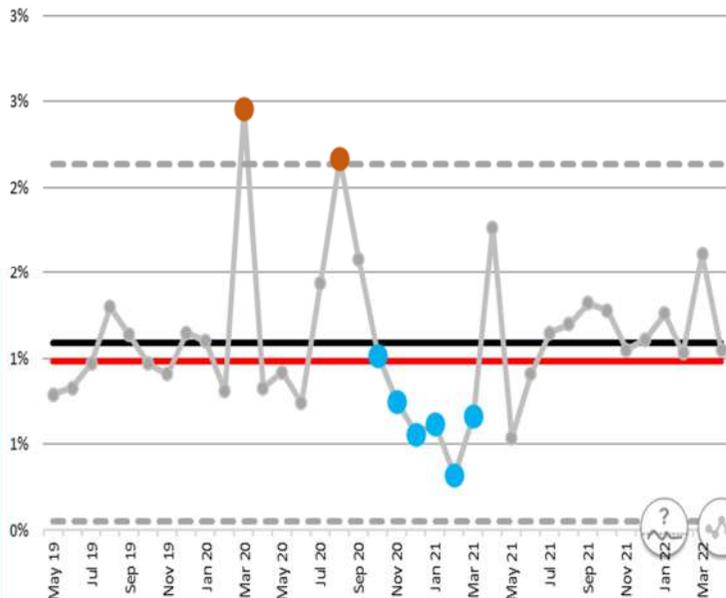
Commentary

This shows common cause variation.

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

Staff Survey

Baseline — Current

- I often/always look forward to going to work
- I am often/always enthusiastic about my job
- Time often/always passes quickly when I am working
- There are frequent opportunities for me to show initiative in my role
- I am able to make suggestions to improve the work of my team/department
- I am able to make improvements happen in my area of work
- Care of patients/service users is my organisation's top priority
- I would recommend my organisation as a place to work
- If a friend or relative needed treatment I would be happy with the standard of care...

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%

Well-Led

Risk Mitigations
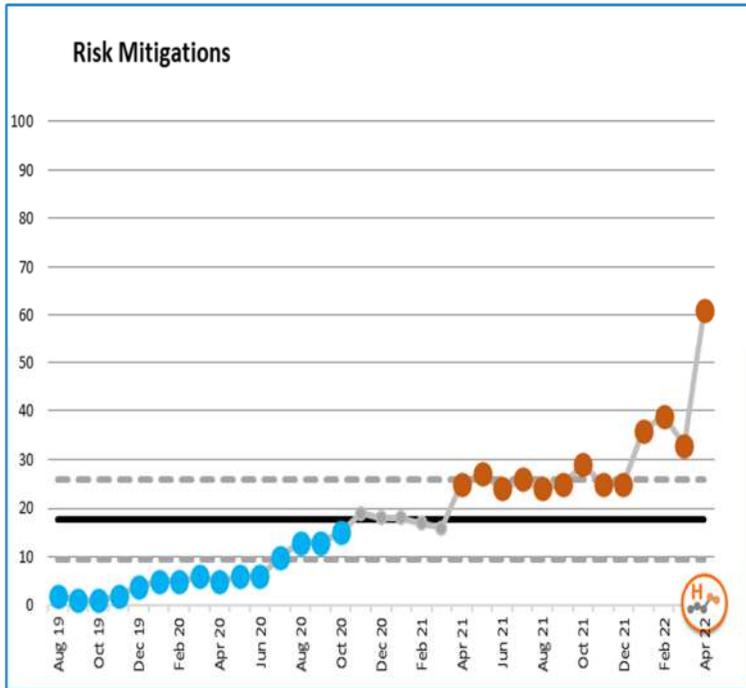
Commentary

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

Hospital at Home

Covid - Virtual Ward - Referrals

Occupied Bed Days

Commentary

This shows Special cause concern.

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

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

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

Geriatric Bed Days
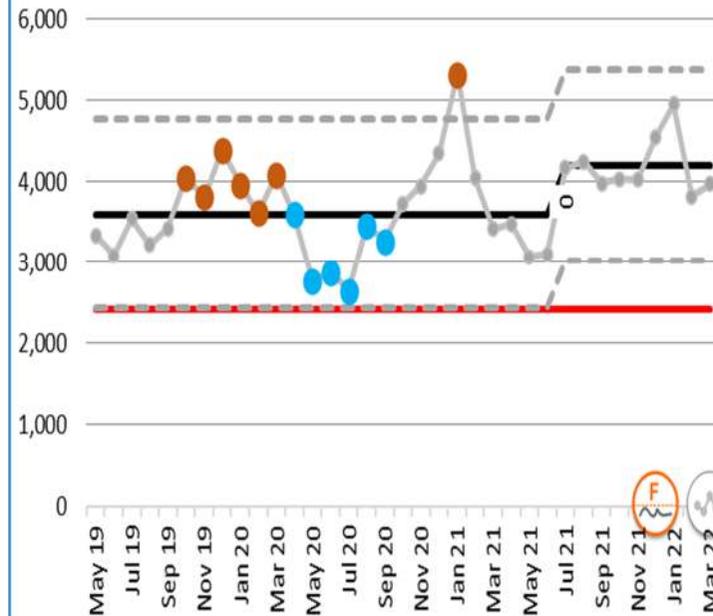
Commentary

The shows special cause concern.

The target is 96 beds in MMUH after admission avoidance schemes are in place.

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

Cardiology Bed Days
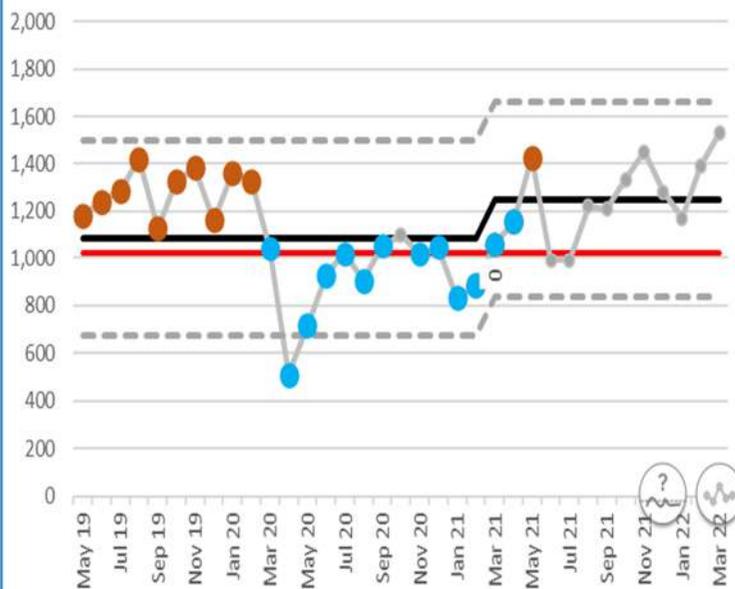
Commentary

This shows common cause variation.

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

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

Inpatient RTT Incompelete Pathways
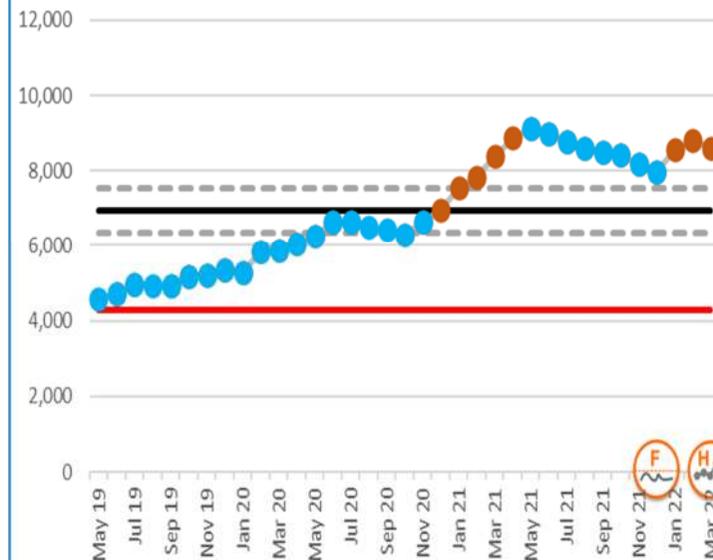
Commentary

This shows special cause concern.

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

This shows our Inpatient backlog rising.

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

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MMUH - 2

Executive Lead: Chief Operating Officer

Community Contacts
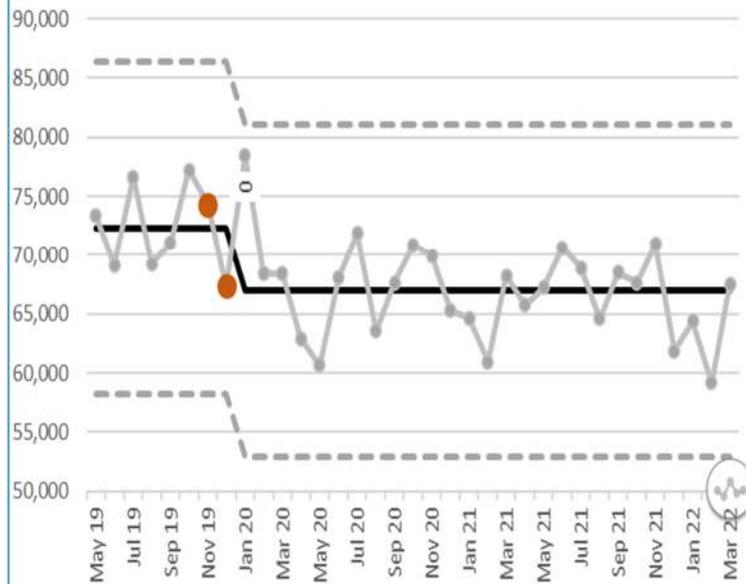
Commentary

This shows special cause concern.

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
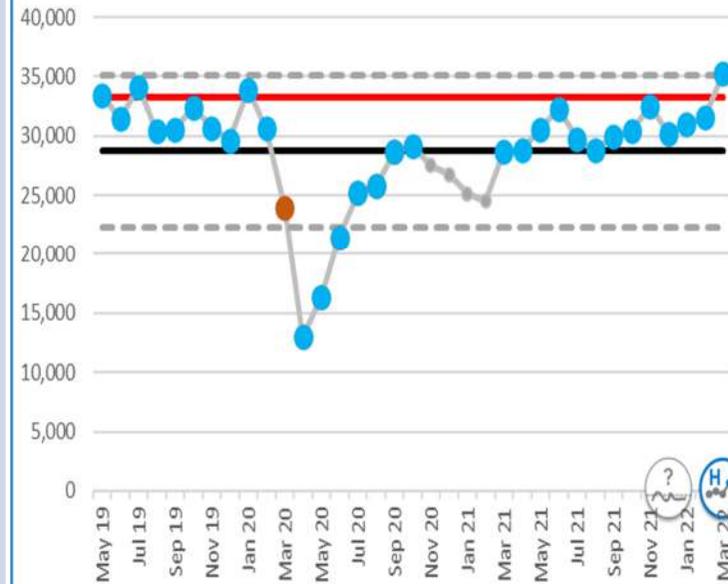
Commentary

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
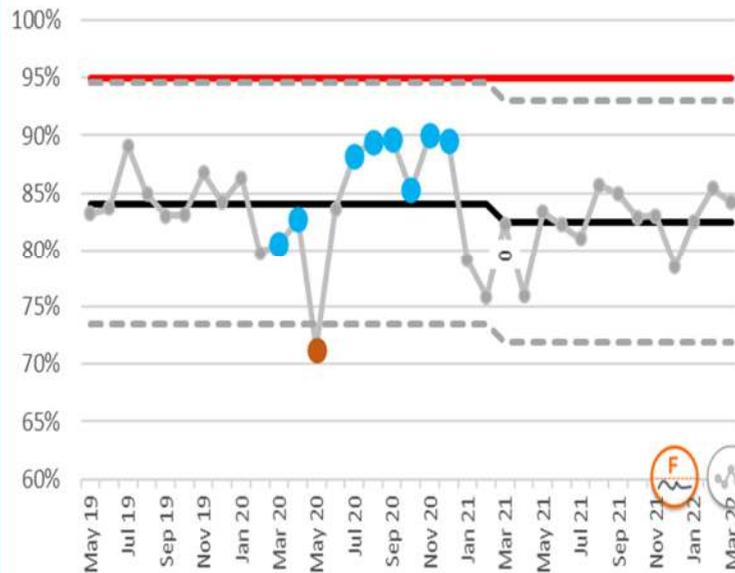
Commentary

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
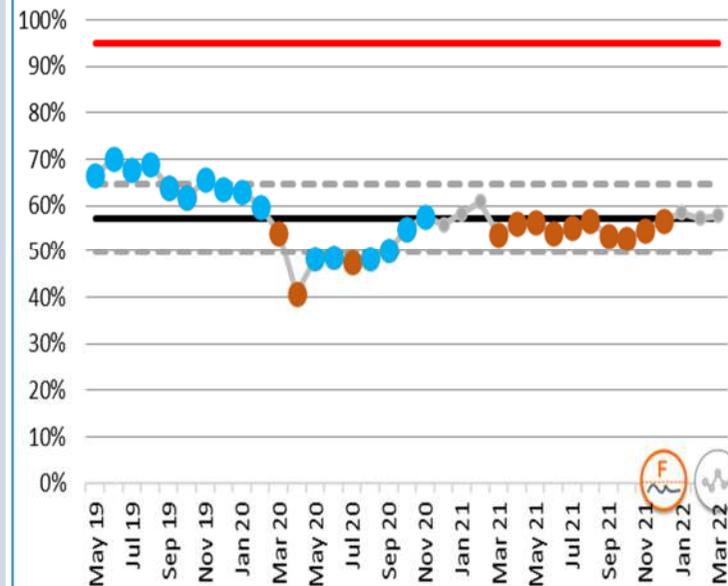
Commentary

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	Index of Multiple Deprivation (IMD)										
Metric	1	2	3	4	5	6	7	8	9	10	NSP
Population	37.50%	25.00%	12.60%	8.40%	8.10%	5.40%	1.50%	1.00%	0.30%	0.20%	0.00%
AMU Beds	35.10%	28.26%	9.82%	9.74%	5.08%	4.44%	4.37%	0.99%	0.52%	0.69%	0.98%
Cardiology Beds	35.93%	31.37%	9.03%	8.14%	7.71%	3.51%	2.08%	0.84%	0.22%	0.65%	0.52%
Clinical Haematology Beds	40.98%	22.58%	7.51%	8.91%	10.99%	4.94%	0.82%	0.52%	0.64%	0.24%	1.86%
Community Contact	22.93%	40.40%	12.99%	6.55%	6.60%	6.61%	1.77%	0.76%	0.43%	0.17%	0.79%
Critical Care Beds	41.29%	26.44%	10.31%	6.89%	6.31%	4.33%	1.81%	0.06%	0.37%	0.78%	1.40%
Day Case Admissions	30.23%	26.57%	10.12%	9.24%	7.76%	5.06%	3.46%	2.56%	2.13%	1.82%	1.04%
Delivery Beds	40.78%	28.90%	12.44%	6.50%	5.01%	2.77%	1.35%	0.40%	0.12%	0.14%	1.58%
ED Type 1	36.83%	27.33%	11.37%	8.23%	5.58%	4.42%	2.10%	1.01%	0.76%	0.62%	1.77%
ED Type 1 - Ambulance Arrivals	38.33%	26.85%	10.64%	7.51%	5.58%	4.24%	2.07%	1.13%	0.75%	0.79%	2.10%
ED Type 3 (UTC)	22.73%	22.15%	7.86%	5.37%	3.65%	2.97%	1.59%	0.46%	0.36%	0.19%	32.66%
Elective Admissions	31.29%	26.14%	11.39%	8.97%	7.60%	5.68%	3.29%	1.66%	1.63%	1.63%	0.72%
Emergency Admissions	36.86%	28.72%	11.01%	7.92%	5.97%	4.39%	1.95%	0.96%	0.62%	0.57%	1.02%
Emergency Admissions - Medical Over 65	32.11%	30.87%	11.08%	8.04%	6.94%	5.70%	2.22%	1.15%	0.69%	0.87%	0.33%
Emergency Admissions - Zero LOS	36.97%	28.42%	11.37%	7.33%	6.09%	4.23%	1.75%	1.16%	0.83%	0.61%	1.24%
Emergency Admissions NOT SWB	40.29%	18.06%	12.35%	9.94%	5.66%	4.25%	2.39%	2.03%	1.42%	1.75%	1.84%
Gastroenterology Beds	31.94%	28.64%	11.05%	10.90%	6.11%	6.81%	1.73%	1.12%	0.65%	0.21%	0.86%
General Surgery Beds	29.95%	28.17%	13.50%	8.79%	8.60%	6.39%	2.54%	0.73%	0.44%	0.20%	0.69%
Geriatrics Beds	30.34%	31.43%	10.94%	9.99%	6.31%	5.76%	2.30%	0.99%	1.02%	0.56%	0.36%
Imaging Investigations	33.89%	27.43%	11.44%	8.82%	6.56%	5.37%	2.30%	1.11%	0.96%	0.73%	1.39%
Inpatient RTT Incompelete Pathways	30.35%	26.17%	11.43%	9.41%	7.60%	6.09%	3.43%	1.77%	1.85%	1.34%	0.56%
Intermediate Care Beds	29.54%	30.62%	9.88%	10.51%	5.79%	6.38%	2.83%	1.00%	1.08%	1.19%	1.17%
Maternity Beds	43.67%	27.04%	9.72%	8.32%	5.42%	2.72%	1.25%	0.64%	0.17%	0.04%	1.01%
Medicine Beds	37.25%	31.98%	9.13%	7.58%	5.69%	2.63%	1.34%	0.33%	0.33%	1.50%	2.25%
Neonatal Beds	45.21%	25.79%	7.11%	6.85%	8.44%	1.14%	1.03%	3.43%	0.04%	0.33%	0.63%
Occupied Bed Days	34.32%	29.20%	10.64%	8.98%	6.32%	4.82%	2.30%	1.01%	0.76%	0.78%	0.87%
Paediatric Beds	34.08%	34.23%	12.37%	6.81%	4.60%	3.55%	2.19%	0.32%	0.65%	0.59%	0.60%
Respiratory Beds	40.11%	27.20%	11.37%	8.24%	6.49%	2.71%	1.76%	0.69%	0.24%	0.00%	1.19%
Same Day Emergency Care (SDEC)	35.73%	27.66%	12.17%	9.62%	5.76%	4.16%	1.90%	0.84%	0.60%	0.46%	1.11%
Stroke Beds	37.75%	28.89%	10.88%	6.07%	6.64%	4.36%	1.67%	1.20%	0.57%	1.32%	0.66%
T&O Beds	29.73%	25.17%	14.10%	10.73%	8.29%	6.06%	2.50%	1.46%	1.46%	0.15%	0.34%
Theatre Productivity - BADS	29.58%	25.01%	11.85%	9.05%	7.75%	5.78%	3.17%	2.34%	2.54%	2.27%	0.67%
Womens Beds	30.77%	21.42%	9.43%	11.37%	5.98%	7.52%	3.56%	2.53%	2.18%	2.64%	2.61%

Commentary

Index of Multiple Deprivation (IMD) places people into deciles based on characteristics including education/income/housing/environment etc.. 1 is the lowest and 10 the highest.

We have obtained our local population by quintile and we have created an algorithm to split each quintile down between the deciles.

The red/pink show 50% above the population and yellow/amber shows 50% below population.

NSP – means we do not know which IMD group to allocate to as we don't know the patients postcode (the ED Type 3 – UTC excess is due to a data collection issue with our third party company).

Inequalities — Ethnicity

Trust-Trust Level	Ethnicity																	
	White			Mixed				Asian				Black			Other Ethnic Groups			
Metric	British	Irish	Other	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Asian British - Indian	Asian British - Pakistani	Asian British - Bangladeshi	Asian British - Any other Asian background	Black British - Caribbean	Black British - African	Black British - Any other Black background	Chinese	Any other ethnic group	Not stated	Not Known
Population	34.00%	0.40%	8.10%	1.40%	0.30%	0.50%	0.70%	14.10%	7.90%	3.60%	2.50%	4.60%	4.80%	1.70%	1.00%	3.70%	0.00%	10.60%
AMU Beds	42.18%	2.29%	6.30%	0.58%	0.17%	0.11%	0.74%	9.64%	7.41%	1.87%	1.39%	8.03%	2.65%	1.16%	0.28%	2.00%	1.07%	12.12%
Cardiology Beds	41.64%	1.41%	6.55%	0.30%	0.13%	0.00%	1.22%	13.89%	7.68%	3.03%	1.53%	6.78%	2.43%	1.97%	0.16%	1.33%	2.13%	7.81%
Clinical Haematology Beds	45.38%	0.49%	9.83%	0.70%	0.03%	0.00%	0.61%	6.04%	4.42%	2.99%	0.31%	14.19%	7.90%	1.25%	0.09%	1.04%	0.27%	4.46%
Community Contact	52.39%	0.54%	6.04%	1.64%	0.26%	0.51%	6.84%	9.40%	3.76%	1.47%	0.92%	4.08%	1.74%	1.48%	0.13%	2.58%	3.08%	3.15%
Critical Care Beds	42.17%	3.22%	8.95%	1.61%	0.31%	0.00%	0.19%	14.50%	7.24%	1.32%	0.78%	7.40%	6.04%	2.06%	0.00%	3.34%	0.08%	0.78%
Day Case Admissions	42.62%	0.97%	6.69%	0.71%	0.21%	0.27%	0.62%	11.81%	7.41%	2.32%	2.48%	7.53%	2.58%	1.72%	0.38%	2.47%	0.98%	8.23%
Delivery Beds	15.73%	0.40%	7.99%	2.35%	0.70%	0.75%	1.61%	16.15%	14.61%	6.53%	2.56%	4.38%	7.18%	1.79%	0.96%	5.08%	0.37%	10.86%
ED Type 1	30.30%	0.53%	5.77%	1.38%	0.33%	0.46%	1.19%	11.96%	7.81%	2.94%	2.39%	6.47%	3.52%	1.54%	0.39%	3.71%	1.09%	18.23%
ED Type 1 - Ambulance Arrivals	36.26%	0.91%	5.36%	0.85%	0.23%	0.34%	0.97%	10.27%	6.83%	2.26%	1.73%	5.72%	2.53%	1.07%	0.26%	2.72%	1.25%	20.43%
ED Type 3 (UTC)	5.90%	0.00%	0.04%	0.12%	0.02%	0.03%	0.06%	0.09%	1.91%	0.61%	2.82%	0.98%	0.86%	0.08%	0.09%	1.30%	84.58%	0.51%
Elective Admissions	42.15%	0.95%	6.81%	1.02%	0.34%	0.34%	0.87%	11.88%	8.48%	2.12%	2.19%	6.92%	2.84%	1.51%	0.42%	2.46%	1.17%	7.53%
Emergency Admissions	34.21%	0.78%	5.80%	1.43%	0.34%	0.41%	0.99%	12.45%	8.26%	3.53%	2.11%	6.41%	3.95%	1.50%	0.46%	3.60%	0.85%	12.93%
Emergency Admissions - Medical Over 65	51.71%	1.86%	6.75%	0.25%	0.05%	0.08%	0.42%	11.23%	4.70%	1.69%	0.94%	7.92%	0.55%	1.04%	0.42%	1.00%	1.19%	8.21%
Emergency Admissions - Zero LOS	27.37%	0.46%	5.19%	1.81%	0.28%	0.72%	1.24%	13.53%	9.19%	4.39%	2.47%	5.94%	4.67%	1.57%	0.48%	4.50%	0.70%	15.50%
Emergency Admissions NOT SWB	24.34%	1.01%	3.02%	1.27%	0.40%	0.38%	0.80%	5.54%	11.97%	2.81%	2.50%	5.08%	4.42%	0.95%	0.50%	3.85%	1.74%	29.41%
Gastroenterology Beds	41.60%	0.86%	5.63%	0.35%	0.09%	0.00%	1.06%	17.62%	5.75%	1.33%	3.61%	5.28%	3.17%	0.06%	0.09%	1.40%	1.50%	10.59%
General Surgery Beds	47.94%	0.85%	8.13%	1.28%	0.20%	0.19%	0.34%	12.25%	5.03%	2.12%	0.86%	7.20%	2.16%	1.28%	0.75%	2.95%	0.60%	5.88%
Geriatrics Beds	57.65%	1.79%	7.40%	0.31%	0.02%	0.11%	0.69%	7.77%	3.35%	0.63%	0.72%	8.39%	0.50%	1.06%	0.57%	0.88%	0.96%	7.20%
Imaging Investigations	30.82%	0.62%	9.21%	1.15%	0.31%	0.32%	0.78%	11.88%	7.23%	2.74%	2.19%	5.88%	4.15%	1.36%	0.39%	2.97%	6.56%	11.43%
Inpatient RTT Incomplete Pathways	37.89%	0.80%	10.18%	0.86%	0.24%	0.23%	0.61%	11.36%	6.30%	2.19%	2.04%	5.46%	2.92%	1.36%	0.35%	2.61%	7.63%	6.97%
Intermediate Care Beds	69.12%	1.33%	6.57%	0.19%	0.00%	0.00%	0.42%	5.58%	0.58%	0.31%	0.55%	7.84%	1.61%	2.02%	0.38%	0.76%	0.28%	2.46%
Maternity Beds	13.66%	0.28%	4.90%	2.44%	0.89%	0.78%	1.45%	14.90%	13.55%	7.78%	2.74%	5.38%	8.39%	1.70%	0.76%	5.63%	0.53%	14.24%
Medicine Beds	31.21%	0.14%	7.62%	0.66%	0.10%	0.33%	0.98%	9.89%	8.01%	0.96%	2.51%	10.77%	6.80%	2.05%	0.01%	3.04%	0.83%	14.09%
Neonatal Beds	19.90%	0.00%	1.99%	6.89%	2.95%	1.36%	3.35%	15.14%	9.27%	6.37%	3.43%	4.38%	6.85%	2.62%	1.07%	4.88%	0.07%	9.47%
Occupied Bed Days	45.28%	1.25%	6.70%	0.95%	0.25%	0.20%	0.81%	10.12%	6.02%	2.08%	1.48%	7.56%	3.04%	1.61%	0.49%	2.17%	0.85%	9.14%
Paediatric Beds	28.03%	0.05%	4.72%	2.97%	0.50%	1.12%	1.87%	12.51%	12.10%	4.94%	3.40%	3.96%	5.71%	1.28%	0.46%	7.26%	0.08%	9.06%
Respiratory Beds	44.40%	0.55%	7.59%	0.95%	0.61%	0.02%	0.99%	9.69%	4.84%	2.33%	1.61%	9.19%	2.19%	1.06%	0.71%	2.19%	0.61%	10.46%
Same Day Emergency Care (SDEC)	33.57%	0.41%	6.45%	1.32%	0.29%	0.37%	0.92%	13.13%	8.00%	2.93%	2.61%	8.26%	3.92%	1.88%	0.31%	3.09%	1.46%	11.09%
Stroke Beds	38.32%	1.23%	5.73%	1.36%	0.25%	0.00%	0.39%	12.43%	5.12%	2.14%	0.82%	10.96%	2.59%	2.70%	0.97%	1.58%	1.49%	11.90%
T&O Beds	58.04%	2.21%	9.11%	0.38%	0.00%	0.06%	0.43%	9.09%	3.88%	0.68%	1.48%	4.76%	1.47%	1.71%	0.38%	1.16%	0.47%	4.68%
Theatre Productivity - BADS	44.67%	0.83%	7.11%	0.57%	0.17%	0.23%	0.57%	12.15%	6.58%	1.74%	1.80%	6.21%	2.27%	1.60%	0.40%	1.70%	1.20%	10.18%
Womens Beds	35.88%	0.97%	3.48%	0.97%	0.16%	0.16%	0.30%	8.92%	6.14%	3.07%	1.51%	6.71%	3.85%	2.61%	0.43%	1.21%	2.26%	21.36%

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.