

Board Level Metrics & IQPR Exceptions

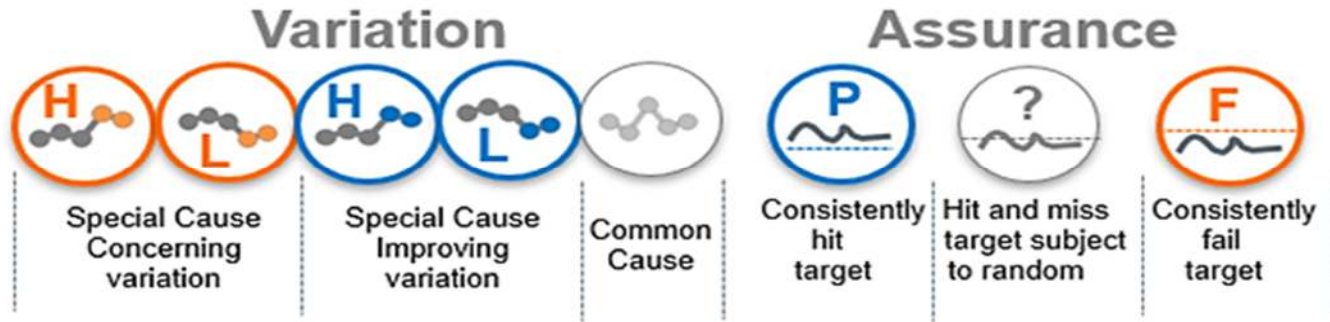
# **INTEGRATED PERFORMANCE REPORTING – JULY 2022**

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## Board Level Metrics

## Development Update

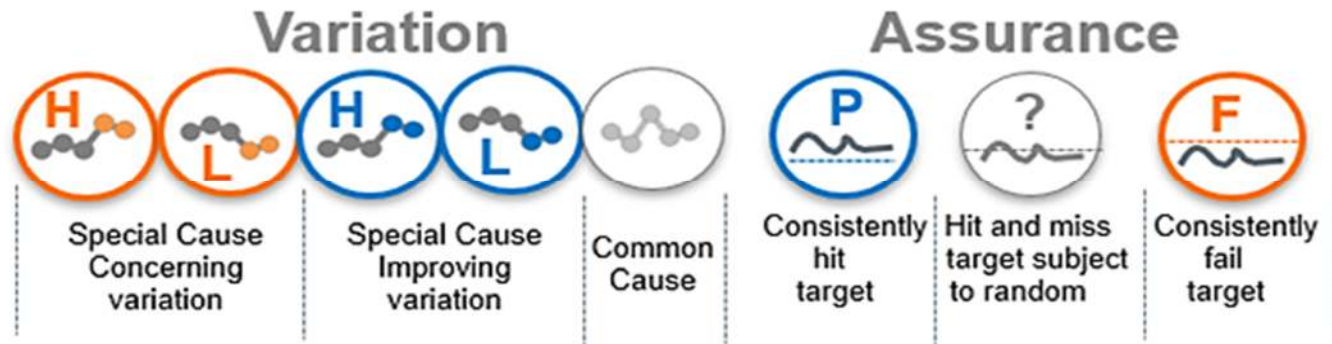
Domain	Finalised	Amendment / work to be done.
<b>Patients</b>	SHMI, Complaints per 1000 WTE Patient safety incidents, Patient Safety (Moderate Harm or above), Doctor - vacancies, Nurse band 5 – vacancies Friends & Family Test (FFT) Recommended % Performance Against Capital Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s) Performance Against Cash Plan (Variance to Plan - £000s)	
	Emergency Care – 4 hour wait, Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Ambulance Handovers over 30 mins.	New Indicators – regarding Ambulance turnaround times. We have obtained ambulances handovers overs taking more than 30 minutes. We are working on obtaining intelligent ambulance conveyances.
<b>People</b>	Pulse Survey , Turnover Monthly ,Staff Survey	
<b>Population</b>	2 Hour Community Response Admission Avoidance Readmissions within 30 Days Rate per 1000 Bed Days, Days Exceeded Target Discharge Date	Length of stay for pathway 0
<b>MMUH</b>	Occupied Bed Days, Geriatric Bed Days, Cardiology Bed Days	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	Nurse Band 5 Vacancies			
	Common Cause		SHMI, Patient Safety(Moderate Harm or Above) , Turnover(Monthly), Performance Against Capital Plan (Variance to Plan - £000s), Performance Against Cash Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s)	Doctor Vacancies , FFT Combined Score, Pulse survey	Complaints per 100 WTE,
	Special Cause : Concern		Patient Safety Incidents	Emergency Care 4-Hour Waits, RTT- Incomplete Pathway(18-Weeks), 62 Day Cancer, Sickness Absence, Emergency Care Attendances	Ambulance Handovers



The matrix below shows how each metric is performing:

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

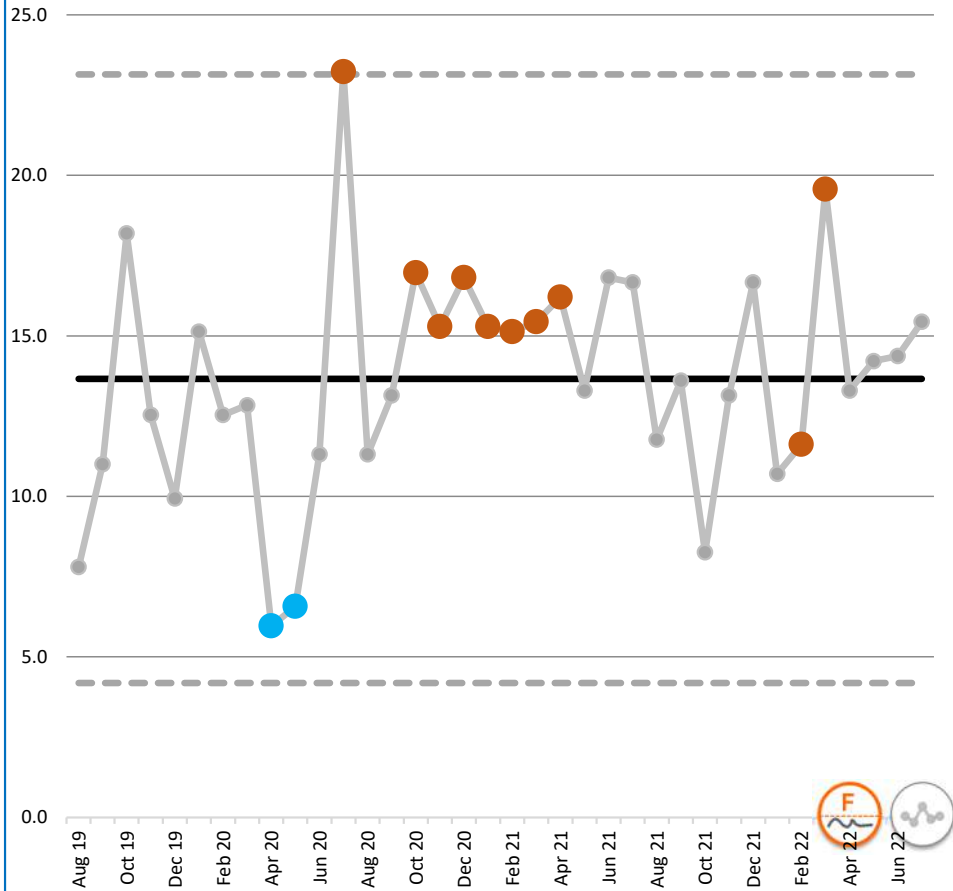
		Assurance			
		Pass	Hit & Miss	Fail	No target
Variation	Special Cause: Improvement	Emergency Readmissions within 30 days ,			
	Common Cause		Occupied Bed Days Cardiology Bed Days, Admission Avoidance, 2hr Community Response.	Geriatric bed days	D2A- Pathway
	Special Cause : Concern			Geriatric Bed Days	

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

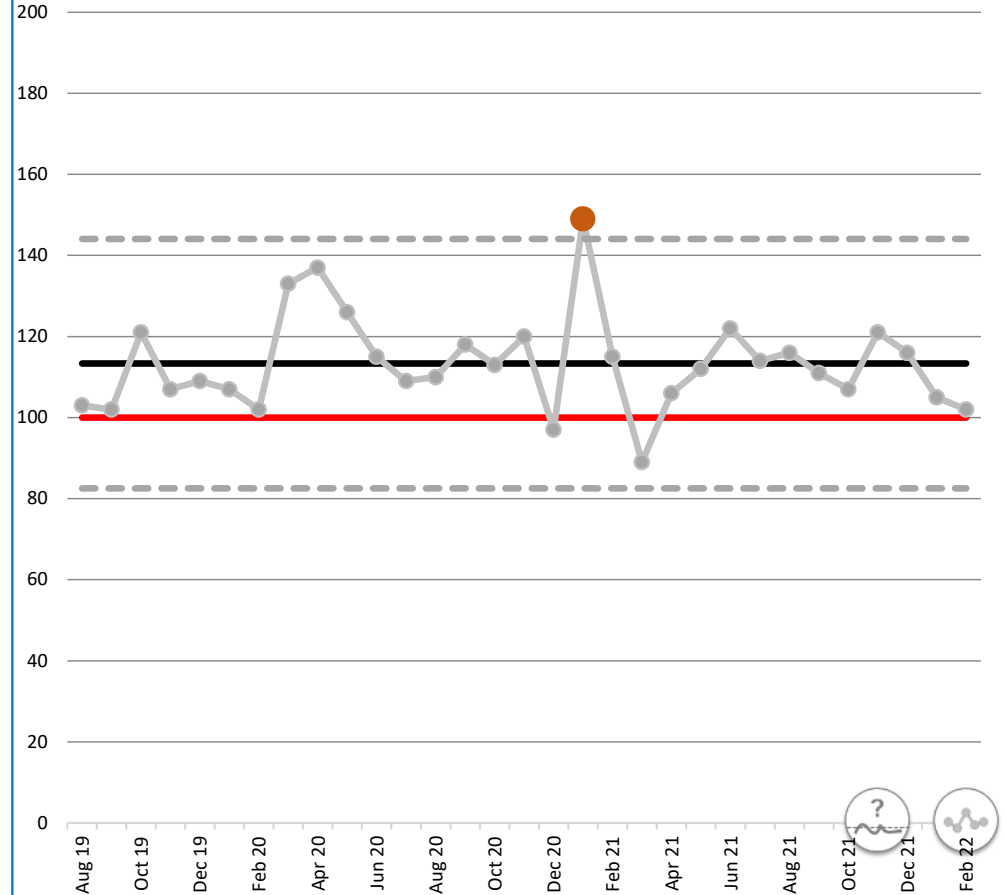
- **Emergency care 4-hour Breaches:** From the previous month, there was a rise of 113 4-hour breaches.
- **Mandatory Health and Safety Training:** The percentage of staff who completed their mandatory health and safety training has failed to meet the target for the third consecutive month.
- **Never Events:** In July we reported 1 Never Events, the last time we reported a Never Events was in Dec 21'.
- **RTT – Backlog:** In June the RTT backlog continues to rise and is reporting its highest figure to date at 21690.
- **Urgent Cancellations:** In July there was 7 urgent cancellations, this is the highest we have seen since Dec 21'.
- **Imaging – Urgent Other (GP 5) Turnaround Time <=5d:** In July we reported the lowest figure at 27.2% compared to last month which was at 43.3% (target 90%).
- **5WD: Stroke Admission to Thrombolysis Time (% within 60 mins) –** In July there was a 100% stroke admission to thrombolysis time compared to last month when it was at 75%.
- **Acute Diagnostic Waits in Excess of 6-weeks (In Month Waiters):** When compared to last month, a decrease of 552 waiters was observed.

# Patients

### Complaints per 1000 WTE



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



## Commentary

Our complaints per 1000 Whole Time Equivalents (WTE) are high. For July 2022 we rank 113/119 trusts.

**Quartile 4 – Inadequate**

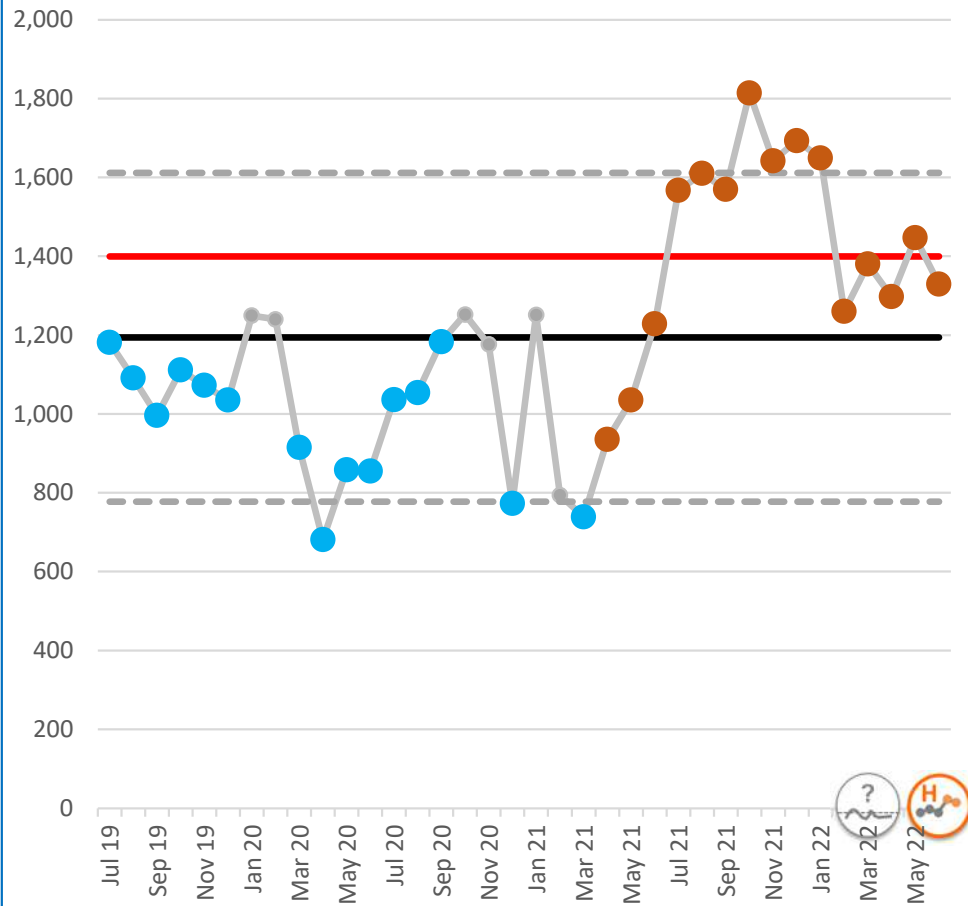
## Commentary

Common cause variation is seen through most of the period indicating a predictable process. We were ranked 75<sup>th</sup> out of 121 Trusts as of March 2022 using 12 month cumulative performance from Public View.

**Quartile 3 – Requires Improvement**

# Patients

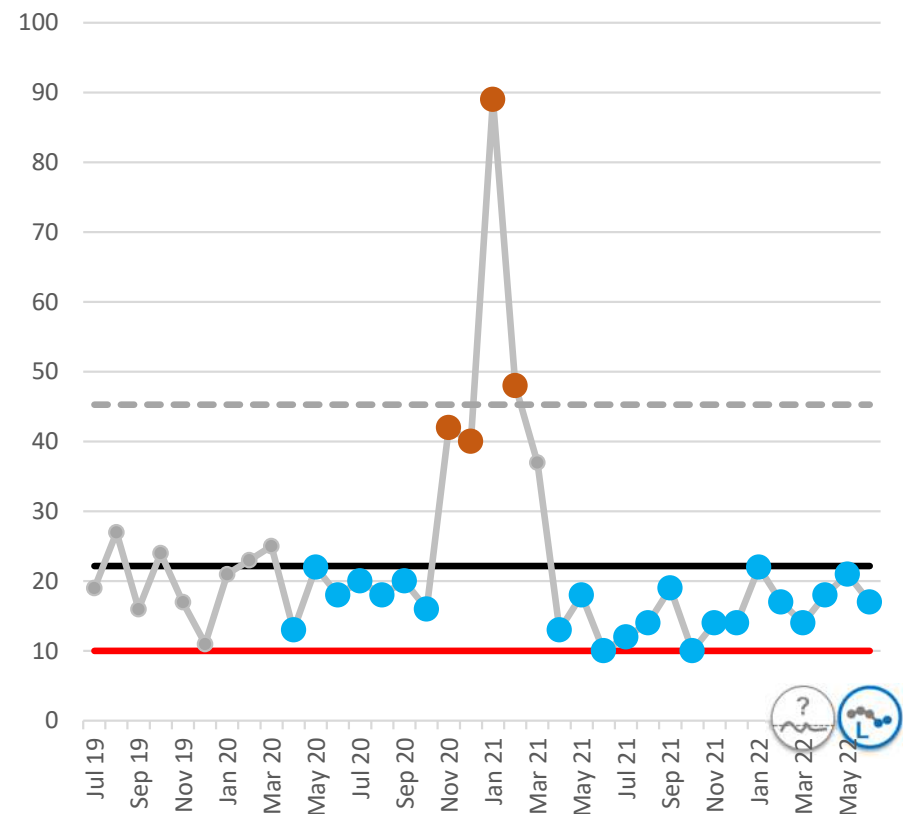
## Patient Safety Incidents



### Commentary

This shows special cause concerning variation above the target.

## Patient Safety (Moderate harm or above)



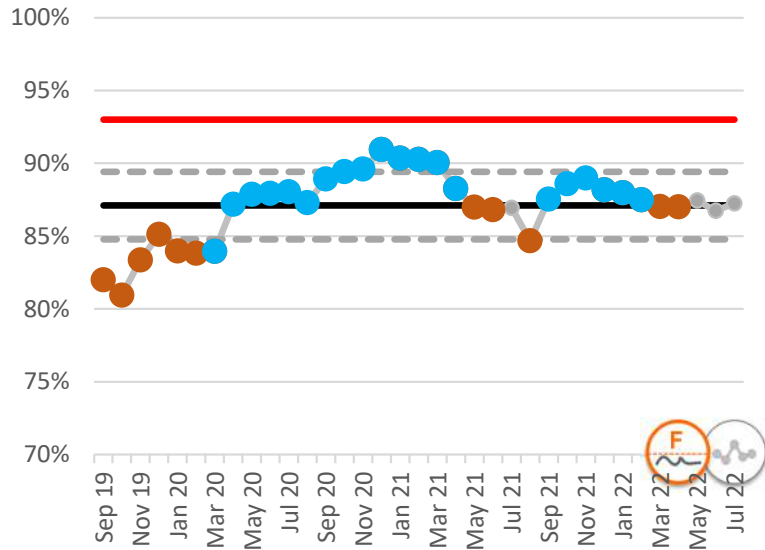
### Commentary

This shows common cause variation but above the target. Astronomical data points around Jan '21 are affecting what would be a predictable process.



# Patients

## Doctor Vacancies

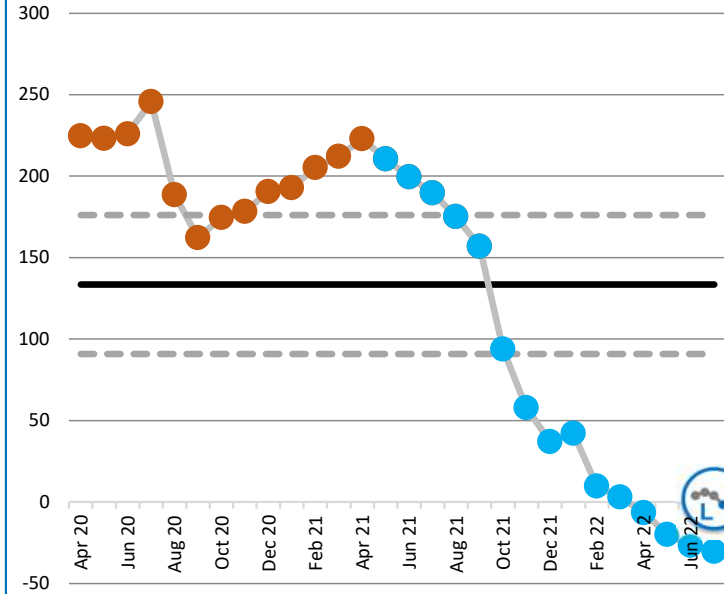


### Commentary

*This shows common cause variation.*

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

## Nurse Band 5 Vacancies

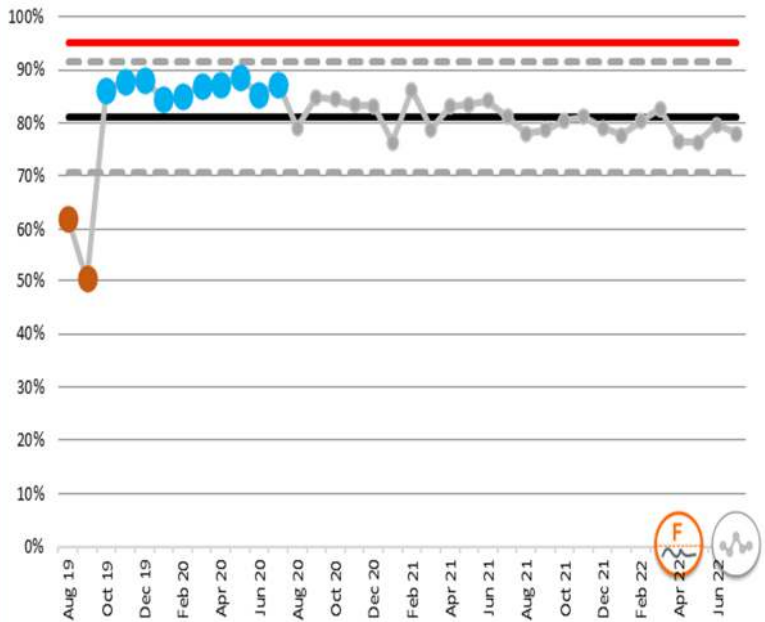


### Commentary

*This shows special cause improvement.*

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

## FFT Combined Score



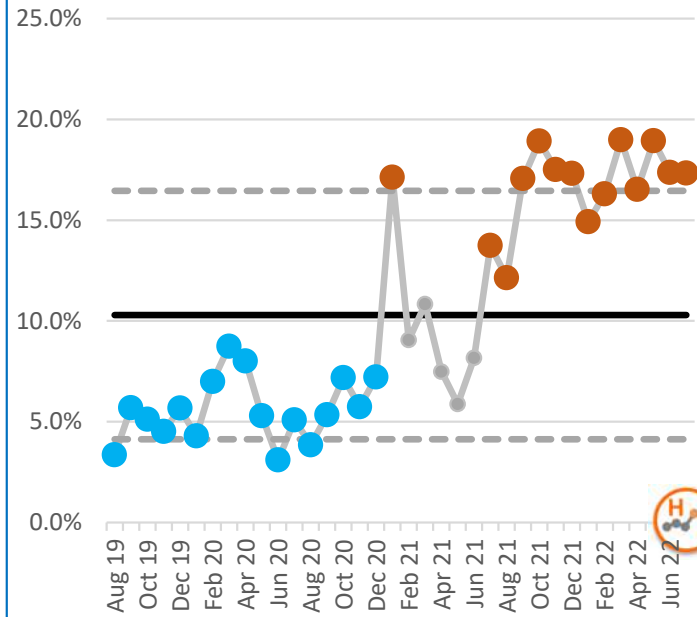
### Commentary

*This shows common cause variation.*

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

**Quartile 4: Inadequate**

## Ambulance Handovers over 30 mins as a percentage of Ambulances



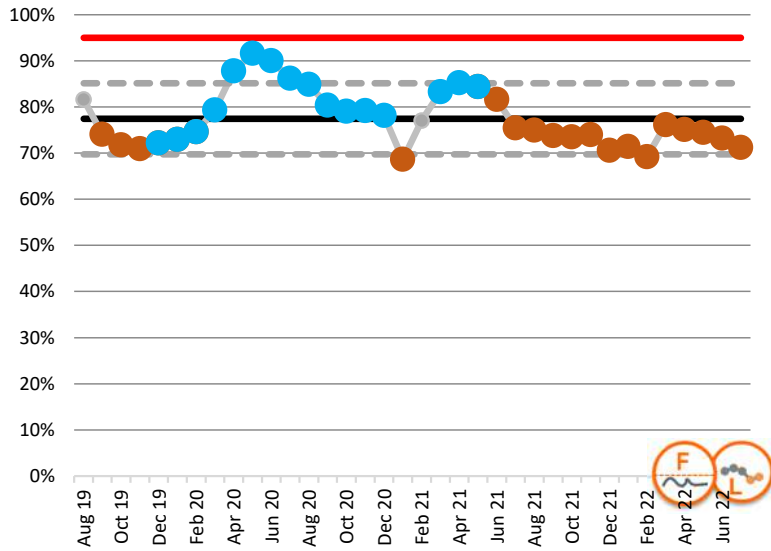
### Commentary

*This shows special cause concern.*

*We are looking to find some hospital comparison data.*

# Patients

## Emergency Care 4-hour waits



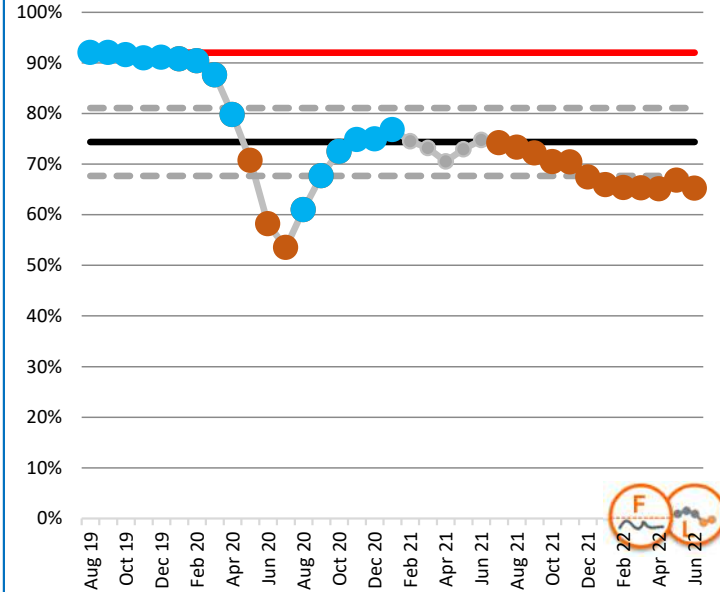
### Commentary

This shows special cause concern.

SWB was ranked 44<sup>th</sup> out of 106 in June 22.

Quartile 2: Good

## RTT - Incomplete Pathway (18-weeks)



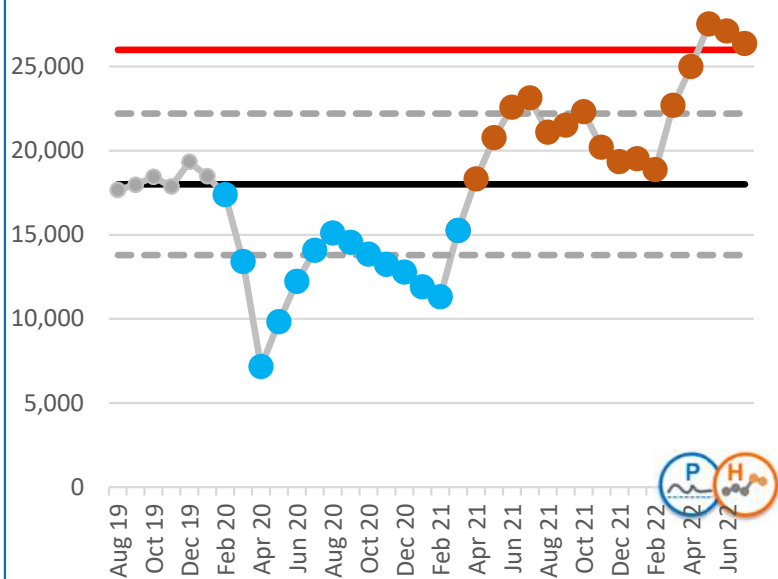
### Commentary

This shows special cause concern

SWB was ranked 54<sup>th</sup> out of 119 Trusts in July 22.

Quartile 2: Good

## Emergency Care Attendances (Including Mailing)



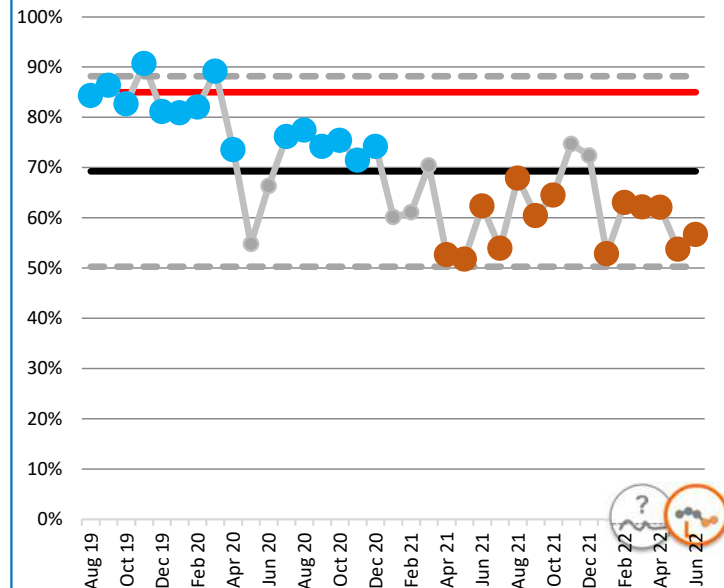
### Commentary

This shows special cause concern.

Looking at SWB we are 110<sup>th</sup> out of 120 trusts in terms of volume of A&E attendances in June 22.

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

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



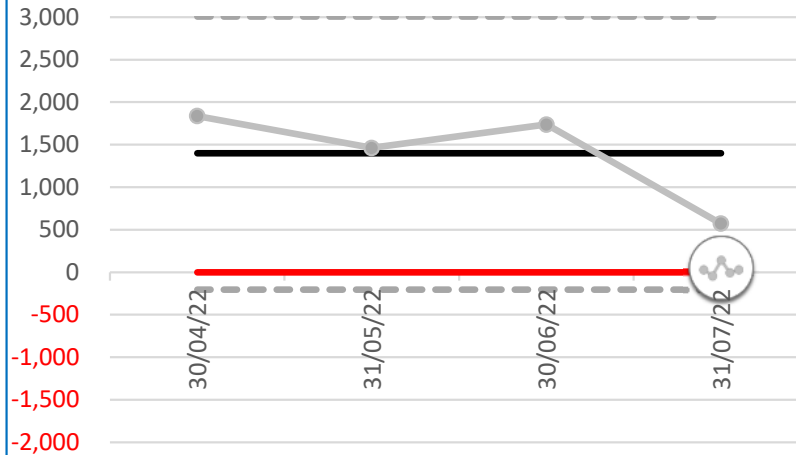
### Commentary

This shows special cause concern.

SWB was ranked 77<sup>th</sup> out of 121 in June 22.

Quartile 3: Requires Improvement

**Performance Against Capital Plan Excluding MMUH (Variance to Plan - £000s)**

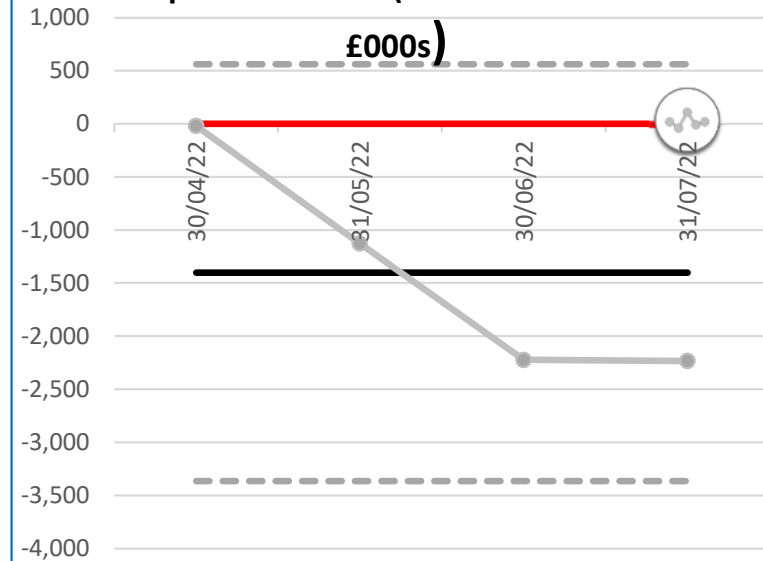


## Commentary

This target has been repeatedly missed by the organization.

We are underspending against our capital plan each month.

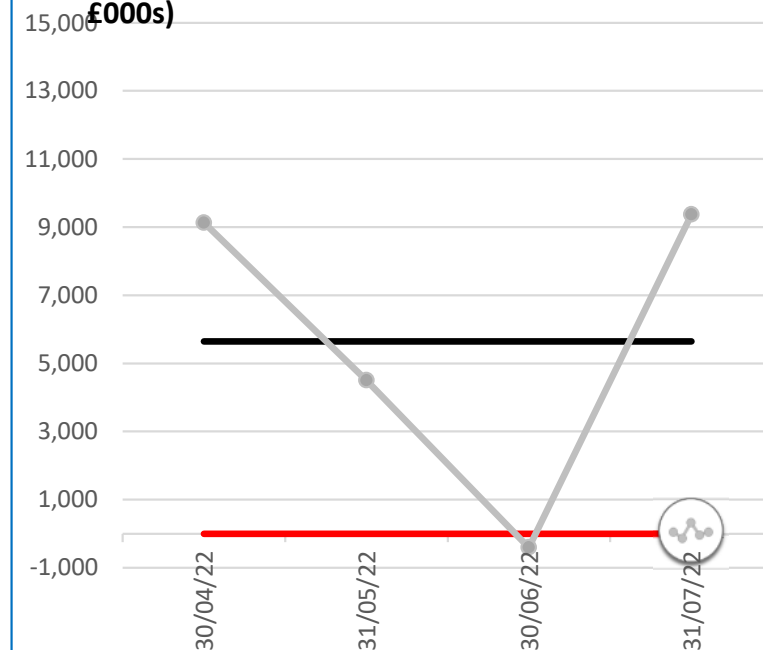
**Performance Against Income & Expenditure Plan (Variance to Plan - £000s)**



## Commentary

After 4 months we are £5.5m adrift of our £17m deficit plan.

**Performance Against Cash Plan (Variance to Plan - £000s)**

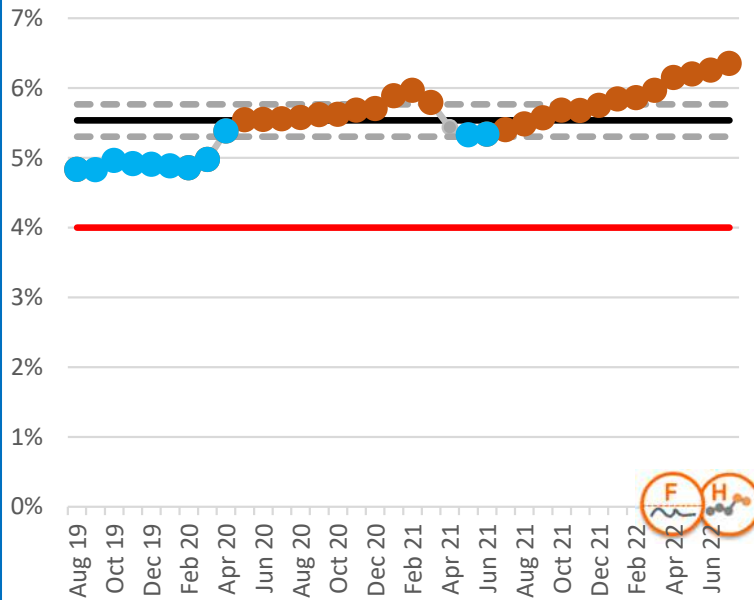


## Commentary

We have accumulated £22m more cash than we planned to have after 4 months.

# People

## Sickness Absence (Rolling 12 Months)



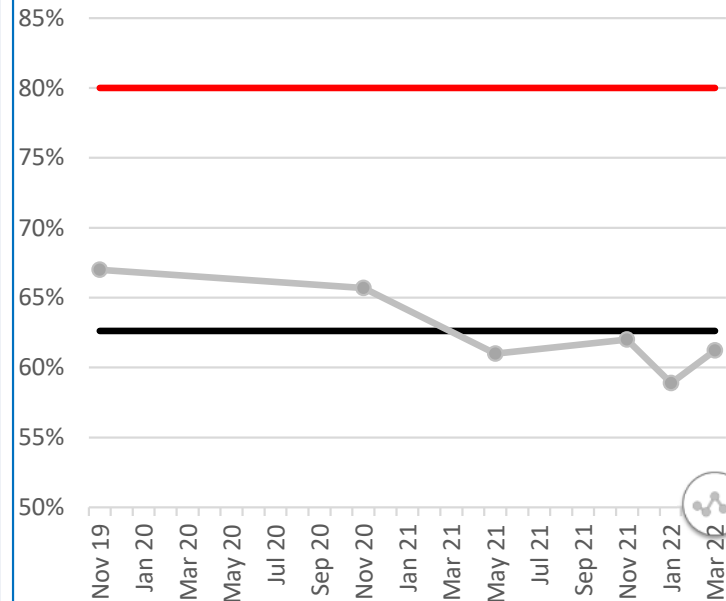
### Commentary

This shows special cause concern.

The sickness absence rate was 61<sup>st</sup> out of 121 Trusts in March 22.

**Quartile 3: Requires Improvement**

## Pulse and National Staff Survey

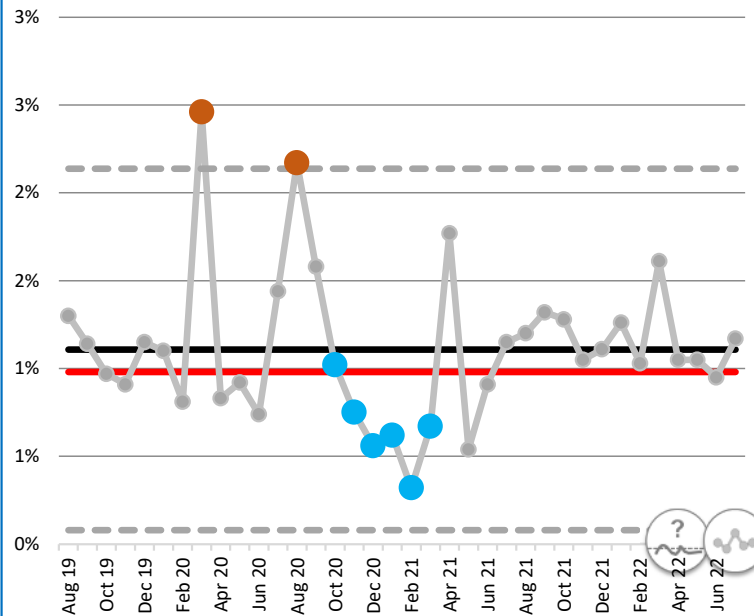


### Commentary

This shows common cause variation.

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

## Turnover (monthly)

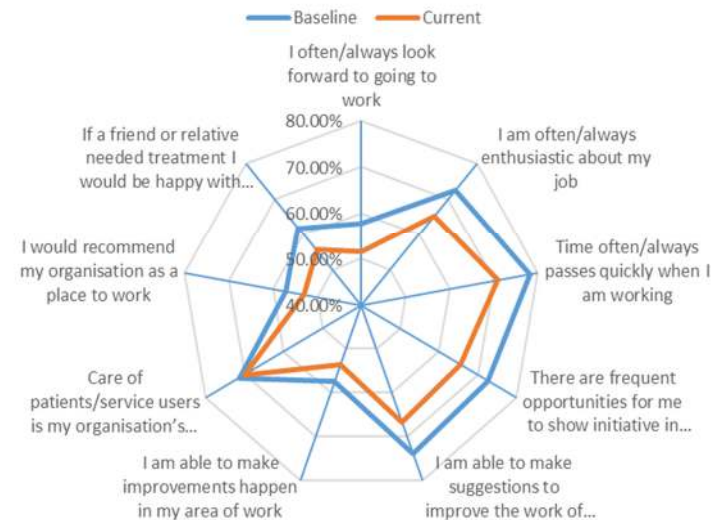


### Commentary

This shows common cause variation.

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

## Staff Survey (this includes National and Pulse result)



### Commentary

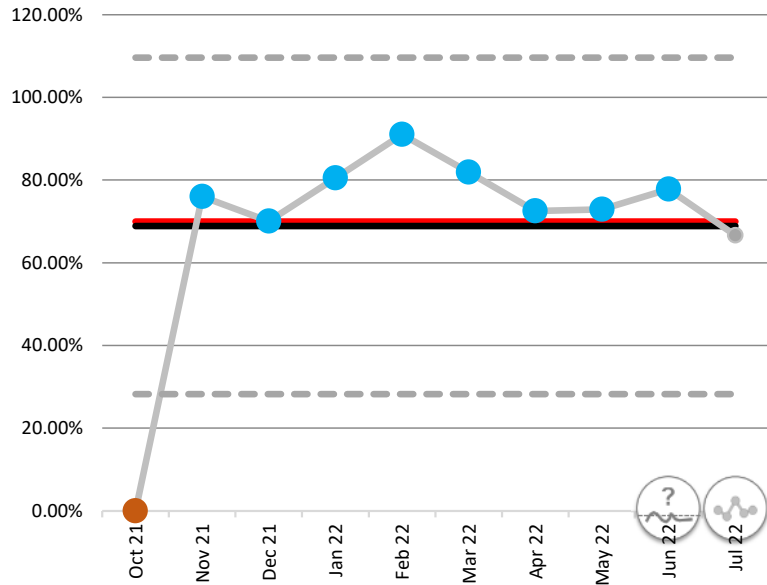
3 main areas requiring attention:

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

Target 80%

# Population

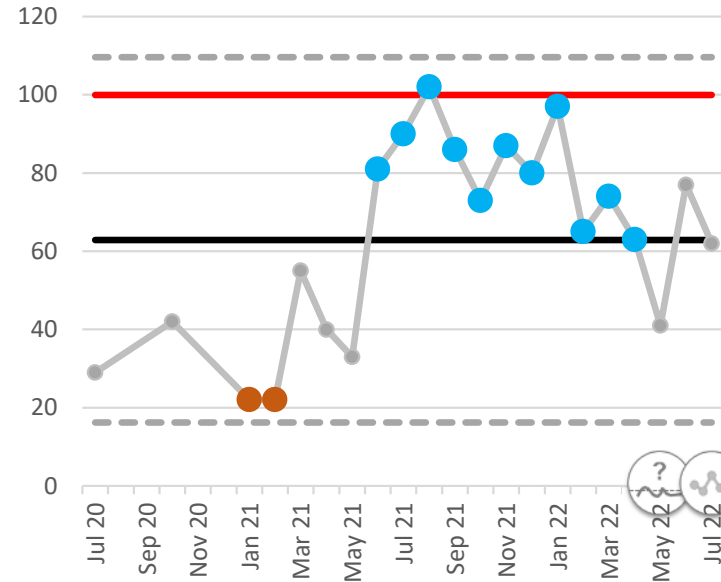
## 2 Hour Community Response



## Commentary

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

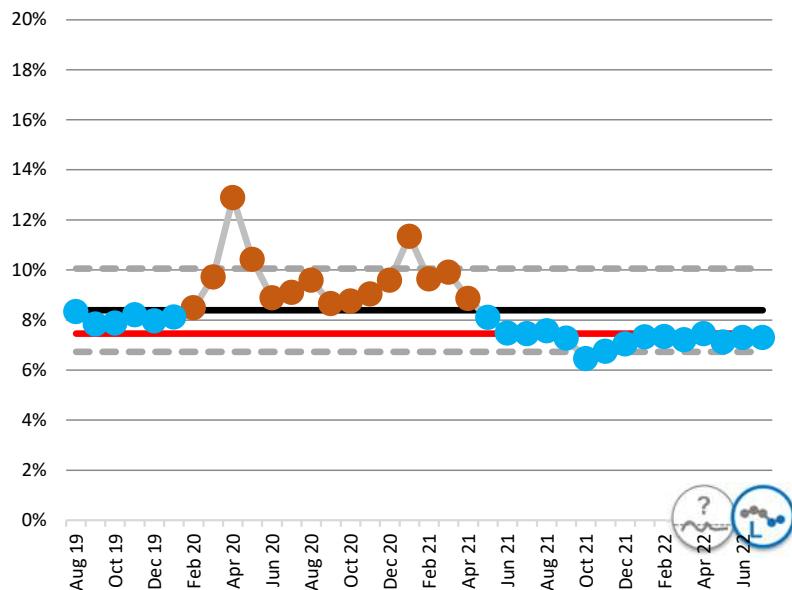
## Admission Avoidance



## Commentary

Having achieved its target the combined admission avoidance target has dropped back towards its mean.

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



## Commentary

The shows special cause improvement.

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

## Days Exceeded Target Discharge Date

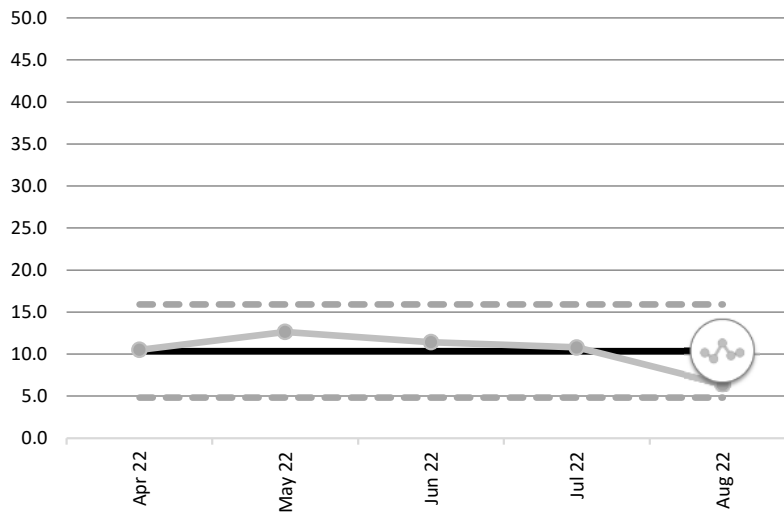


## Commentary

Data Is being Collected for the TDD date

# Population / MMUH

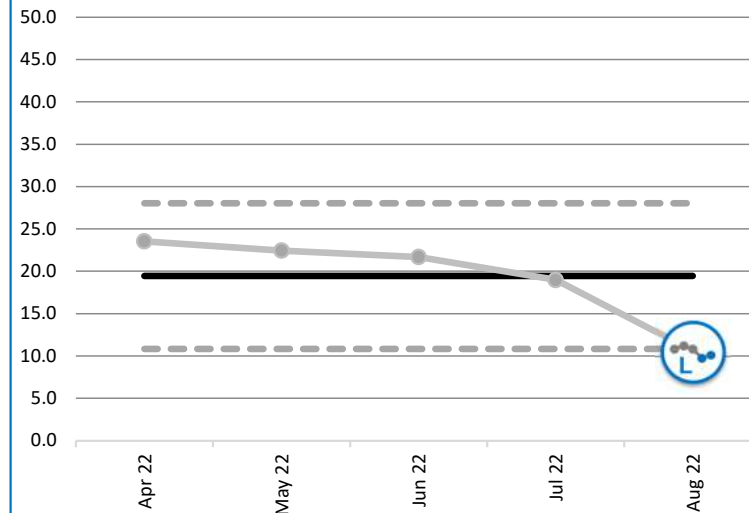
## D2A- PATHWAY -1 Length of Stay



### Commentary

The shows common cause improvement.

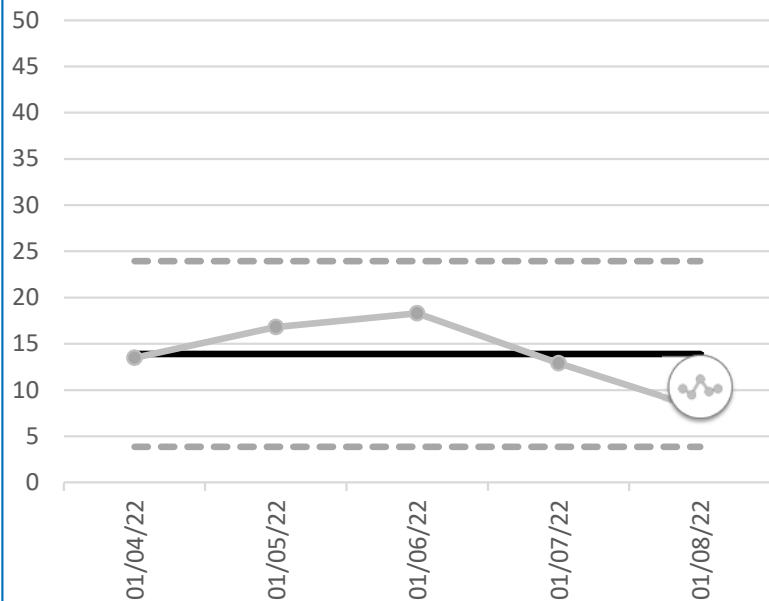
## D2A-PATHWAY-2 Length of Stay



### Commentary

The shows Special cause improvement.

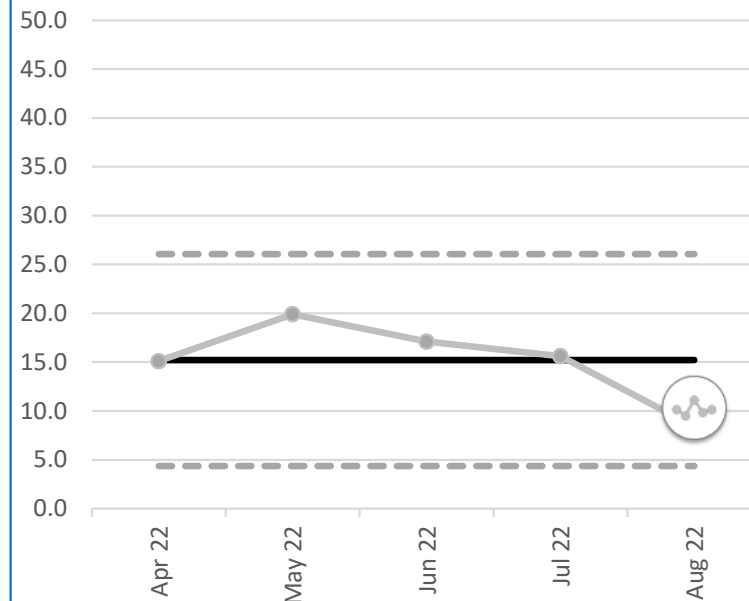
## D2A – PATHWAY – 3 Length of Stay



### Commentary

The shows common cause improvement.

## D2A PATHWAY – 4 Length of Stay

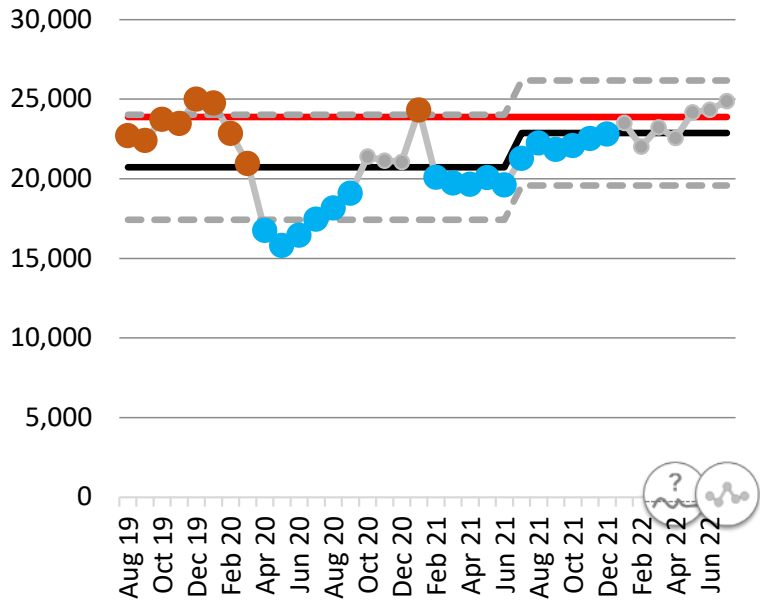


### Commentary

The shows common cause improvement.

# Population/MMUH

## Occupied Bed Days

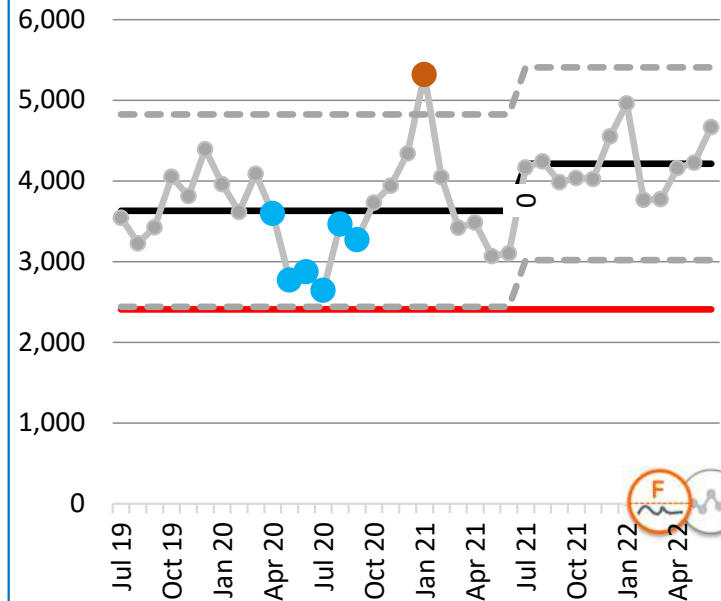


## Commentary

This shows common cause variation.

We are now above our MMUH bed plans and have further population growth to accommodate before opening

## Geriatric Bed Days

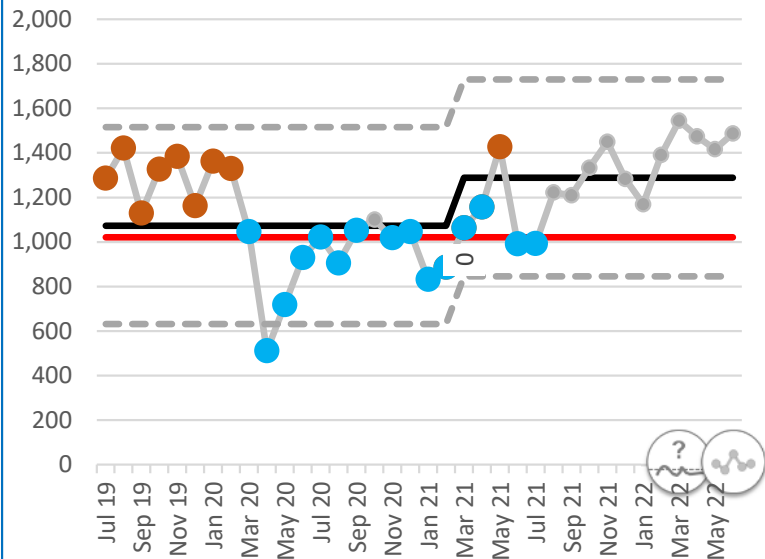


## Commentary

The shows special cause concern.

We have a significant gap between beds being built for geriatric patients in MMUH and our actual activity

## Cardiology Bed Days



## Commentary

This shows common cause variation.

We have a significant gap between beds being built for our cardiology patients in MMUH and our actual activity

# 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	35.98%	29.13%	10.59%	8.01%	5.81%	4.79%	2.30%	1.08%	0.59%	0.76%	0.97%
Cardiology Beds	36.20%	29.10%	9.25%	8.95%	6.45%	3.88%	2.58%	1.06%	0.77%	0.37%	1.40%
Clinical Haematology Beds	43.93%	25.40%	12.19%	4.93%	6.48%	0.39%	2.00%	0.00%	0.00%	0.11%	4.56%
Community Contact	20.23%	36.53%	11.21%	5.77%	5.86%	5.71%	1.75%	0.74%	0.43%	0.17%	11.60%
Critical Care Beds	34.40%	28.14%	16.89%	8.83%	6.31%	2.39%	2.22%	0.00%	0.26%	0.30%	0.26%
Day Case Admissions	31.02%	25.74%	10.72%	8.80%	7.67%	5.53%	3.41%	2.30%	2.07%	1.69%	1.07%
Delivery Beds	37.90%	31.10%	15.52%	5.99%	3.36%	1.90%	1.37%	0.38%	0.45%	0.26%	1.77%
ED Type 1	37.28%	27.40%	11.11%	8.14%	5.51%	4.34%	2.06%	0.96%	0.76%	0.53%	1.91%
ED Type 1 - Ambulance Arrivals	38.57%	27.02%	10.28%	7.34%	5.60%	4.31%	2.19%	1.11%	0.75%	0.65%	2.17%
ED Type 3 (UTC)	20.02%	21.17%	7.66%	5.13%	3.58%	3.02%	1.42%	0.51%	0.35%	0.23%	36.93%
Elective Admissions	30.02%	27.43%	11.15%	9.18%	8.02%	5.98%	3.05%	1.62%	1.31%	1.50%	0.73%
Emergency Admissions	37.06%	28.34%	10.96%	8.11%	5.61%	4.36%	2.12%	1.01%	0.66%	0.54%	1.24%
Emergency Admissions - Medical Over 65	31.81%	30.88%	10.75%	8.50%	6.58%	5.80%	2.72%	1.21%	0.70%	0.75%	0.30%
Emergency Admissions - Medical Over 65 LOS	30.16%	31.58%	11.14%	8.69%	6.14%	5.48%	3.60%	1.28%	0.97%	0.65%	0.32%
Emergency Admissions - Zero LOS	38.28%	27.45%	10.91%	7.29%	5.71%	4.12%	2.05%	1.10%	0.73%	0.67%	1.68%
Emergency Admissions NOT SWB	40.16%	17.20%	12.26%	10.28%	5.15%	4.08%	2.92%	2.06%	1.74%	1.68%	2.47%
Gastroenterology Beds	34.61%	31.53%	12.63%	9.03%	5.13%	2.62%	2.29%	0.62%	0.03%	0.23%	1.29%
General Surgery Beds	33.30%	25.90%	9.81%	9.81%	8.38%	5.72%	3.39%	1.03%	1.26%	0.42%	0.98%
Geriatrics Beds	29.93%	31.44%	12.27%	8.96%	6.02%	5.65%	2.97%	1.00%	0.99%	0.59%	0.18%
Imaging Investigations	34.07%	27.29%	11.38%	8.97%	6.33%	5.32%	2.40%	1.18%	0.90%	0.68%	1.48%
Inpatient RTT Incomplete Pathways	30.63%	25.68%	11.84%	9.27%	7.71%	6.34%	3.27%	1.75%	1.70%	1.14%	0.68%
Intermediate Care Beds	23.78%	32.83%	10.38%	9.40%	7.44%	6.87%	4.41%	2.09%	1.37%	0.95%	0.49%
Maternity Beds	45.35%	26.33%	9.71%	8.40%	4.33%	1.98%	1.10%	0.41%	0.46%	0.10%	1.81%
Medicine Beds	36.81%	30.66%	9.95%	8.61%	6.87%	2.46%	1.83%	0.32%	0.47%	0.44%	1.60%
Neonatal Beds	55.17%	21.63%	6.12%	7.32%	5.28%	1.91%	0.55%	1.25%	0.00%	0.33%	0.44%
Occupied Bed Days	34.05%	29.22%	11.10%	8.63%	6.30%	4.56%	2.58%	1.07%	0.82%	0.70%	0.95%
Paediatric Beds	32.96%	31.89%	13.12%	8.39%	4.93%	3.45%	2.29%	0.70%	0.78%	0.31%	1.17%
Respiratory Beds	38.43%	30.65%	10.30%	7.04%	7.40%	3.17%	1.47%	0.67%	0.23%	0.02%	0.63%
Same Day Emergency Care (SDEC)	36.64%	27.61%	12.01%	8.94%	5.74%	4.15%	1.73%	0.88%	0.76%	0.40%	1.13%
Stroke Beds	41.29%	26.55%	10.36%	5.77%	5.16%	3.48%	2.06%	1.40%	1.55%	1.25%	1.12%
T&O Beds	28.35%	25.77%	13.58%	11.34%	7.81%	7.54%	2.65%	1.36%	0.71%	0.30%	0.59%
Theatre Productivity - BADS	29.50%	23.32%	11.33%	9.29%	8.30%	7.04%	3.89%	2.32%	2.12%	2.25%	0.66%
Womens Beds	33.19%	24.09%	9.22%	10.37%	6.75%	4.01%	4.32%	2.34%	2.55%	1.67%	1.48%

## 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	42.56%	1.20%	5.87%	0.88%	0.11%	0.13%	0.70%	11.36%	6.33%	2.10%	1.43%	6.80%	2.36%	1.38%	0.21%	1.79%	1.54%	13.26%
Cardiology Beds	42.54%	1.11%	5.97%	0.24%	0.11%	0.00%	0.40%	15.58%	7.31%	2.52%	0.94%	7.10%	2.99%	1.38%	0.10%	1.30%	1.61%	8.78%
Clinical Haematology Beds	32.08%	1.32%	3.80%	0.23%	0.00%	0.00%	0.28%	5.94%	3.07%	2.03%	0.39%	15.52%	7.32%	4.70%	0.82%	3.89%	2.37%	16.25%
Community Contact	52.72%	0.48%	6.14%	1.69%	0.25%	0.50%	7.05%	9.26%	3.84%	1.50%	0.93%	3.77%	1.67%	1.56%	0.13%	2.42%	2.85%	3.25%
Critical Care Beds	34.51%	6.29%	6.63%	0.51%	0.00%	2.74%	0.26%	18.45%	4.17%	0.81%	0.77%	6.59%	6.33%	1.11%	0.04%	2.37%	0.43%	8.00%
Day Case Admissions	42.66%	0.89%	6.42%	0.97%	0.29%	0.23%	0.57%	11.07%	7.40%	2.07%	2.43%	7.61%	2.89%	2.06%	0.38%	2.52%	1.08%	8.42%
Delivery Beds	18.94%	0.17%	10.73%	2.33%	0.32%	0.75%	0.96%	12.18%	15.78%	5.79%	1.80%	4.17%	7.20%	1.43%	0.36%	4.04%	0.47%	12.57%
ED Type 1	29.58%	0.55%	5.70%	1.49%	0.32%	0.46%	1.19%	12.09%	7.94%	3.07%	2.36%	6.22%	3.60%	1.56%	0.38%	3.57%	1.16%	18.77%
ED Type 1 - Ambulance Arrivals	35.99%	0.88%	5.43%	0.85%	0.22%	0.26%	0.87%	10.24%	6.59%	2.48%	1.63%	5.33%	2.40%	1.16%	0.20%	2.43%	1.44%	21.60%
ED Type 3 (UTC)	9.24%	0.00%	0.06%	0.17%	0.05%	0.04%	0.09%	0.19%	3.35%	1.01%	4.78%	1.44%	1.48%	0.14%	0.13%	2.60%	74.47%	0.77%
Elective Admissions	45.87%	1.04%	7.68%	0.85%	0.23%	0.19%	1.12%	11.81%	7.25%	2.20%	2.31%	5.86%	2.39%	1.54%	0.35%	2.58%	1.23%	5.48%
Emergency Admissions	33.96%	0.89%	5.95%	1.40%	0.33%	0.37%	0.93%	12.24%	7.79%	3.68%	1.98%	6.03%	3.82%	1.41%	0.32%	3.22%	1.02%	14.66%
Emergency Admissions - Medical Over 65	50.86%	1.95%	6.57%	0.21%	0.02%	0.08%	0.40%	11.65%	5.10%	1.79%	0.89%	6.55%	0.61%	0.93%	0.35%	0.85%	1.58%	9.63%
Emergency Admissions - Medical Over 65 LOS	54.17%	1.80%	7.55%	0.28%	0.03%	0.12%	0.47%	9.68%	4.18%	0.97%	0.77%	6.58%	0.58%	0.94%	0.34%	0.54%	1.53%	9.46%
Emergency Admissions - Zero LOS	27.50%	0.54%	5.59%	1.79%	0.41%	0.52%	1.25%	13.31%	9.08%	4.49%	2.18%	5.39%	4.55%	1.70%	0.32%	4.33%	0.88%	16.17%
Emergency Admissions NOT SWB	23.27%	1.26%	3.36%	1.31%	0.23%	0.29%	0.65%	5.03%	11.21%	3.20%	2.06%	4.75%	4.21%	1.14%	0.32%	3.37%	1.85%	32.49%
Gastroenterology Beds	45.62%	0.54%	6.31%	1.90%	0.15%	0.31%	0.26%	18.08%	5.99%	1.61%	1.48%	2.67%	3.59%	0.68%	0.08%	0.62%	1.36%	8.74%
General Surgery Beds	44.73%	0.75%	7.57%	1.20%	0.09%	0.17%	0.58%	12.30%	4.92%	1.99%	1.92%	7.35%	3.55%	1.30%	0.41%	2.52%	0.91%	7.73%
Geriatrics Beds	54.45%	1.94%	7.93%	0.39%	0.00%	0.15%	0.59%	8.31%	4.11%	0.88%	0.57%	7.16%	0.56%	1.17%	0.48%	0.46%	1.44%	9.41%
Imaging Investigations	30.06%	0.65%	8.79%	1.13%	0.31%	0.35%	0.77%	11.93%	7.25%	2.82%	2.21%	5.81%	4.31%	1.35%	0.35%	2.84%	6.80%	12.26%
Inpatient RTT Incomplete Pathways	36.75%	0.87%	9.97%	0.98%	0.22%	0.25%	0.60%	11.39%	6.98%	2.20%	2.18%	5.50%	3.08%	1.39%	0.38%	2.84%	7.36%	7.06%
Intermediate Care Beds	61.60%	1.08%	8.87%	0.38%	0.03%	0.15%	0.44%	6.39%	0.85%	0.17%	0.74%	9.15%	1.04%	0.50%	0.09%	0.21%	1.32%	6.98%
Maternity Beds	13.41%	0.42%	5.02%	2.00%	0.52%	0.35%	0.94%	12.65%	12.13%	7.90%	3.01%	6.33%	6.99%	0.97%	0.43%	4.78%	0.57%	21.59%
Medicine Beds	34.50%	0.30%	5.84%	0.88%	0.01%	0.08%	2.12%	9.16%	8.01%	1.69%	1.25%	9.52%	5.77%	3.06%	0.04%	4.69%	0.75%	12.33%
Neonatal Beds	14.12%	0.00%	4.19%	2.80%	5.26%	1.25%	1.40%	7.34%	4.16%	3.05%	0.81%	3.46%	6.33%	0.85%	0.00%	8.51%	0.07%	36.41%
Occupied Bed Days	43.06%	1.25%	6.98%	0.94%	0.27%	0.27%	0.79%	10.46%	5.80%	1.92%	1.33%	7.16%	3.01%	1.35%	0.30%	1.99%	1.25%	11.87%
Paediatric Beds	25.42%	0.15%	5.15%	2.32%	0.85%	0.75%	1.80%	11.97%	11.15%	3.94%	2.78%	6.31%	6.23%	0.90%	0.36%	7.81%	0.12%	12.00%
Respiratory Beds	42.17%	1.74%	5.96%	1.92%	0.59%	0.67%	0.96%	10.31%	4.00%	1.23%	1.44%	8.87%	2.62%	1.55%	0.41%	1.32%	2.38%	11.86%
Same Day Emergency Care (SDEC)	32.38%	0.54%	6.81%	1.08%	0.18%	0.35%	0.80%	12.61%	8.14%	3.31%	2.44%	7.72%	4.43%	1.62%	0.30%	3.05%	1.21%	13.04%
Stroke Beds	35.69%	1.71%	8.10%	1.35%	0.26%	0.18%	1.49%	9.91%	7.93%	1.06%	1.35%	8.69%	1.95%	2.15%	0.24%	0.88%	0.53%	16.52%
T&O Beds	55.15%	1.69%	8.64%	0.40%	0.06%	0.05%	0.45%	10.76%	2.65%	0.61%	1.94%	4.41%	1.53%	0.68%	0.22%	0.86%	1.80%	8.10%
Theatre Productivity - BADS	44.84%	1.09%	6.84%	0.81%	0.25%	0.23%	0.56%	11.83%	6.26%	2.20%	2.20%	5.93%	2.30%	1.44%	0.35%	1.61%	1.39%	9.89%
Womens Beds	37.85%	1.20%	6.41%	0.94%	0.26%	0.21%	0.44%	9.40%	7.27%	2.94%	1.04%	5.13%	2.76%	2.08%	0.55%	1.90%	1.56%	18.05%

## 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.