



**Sandwell and West
Birmingham Hospitals**

NHS Trust

Board Level Metrics & IQPR Exceptions

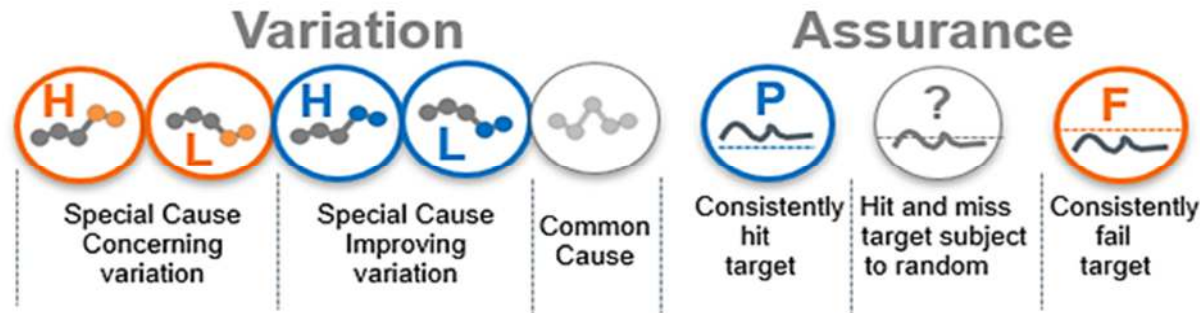
INTEGRATED PERFORMANCE REPORTING – FEBRUARY 2022

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Board Level Metrics

Development Update

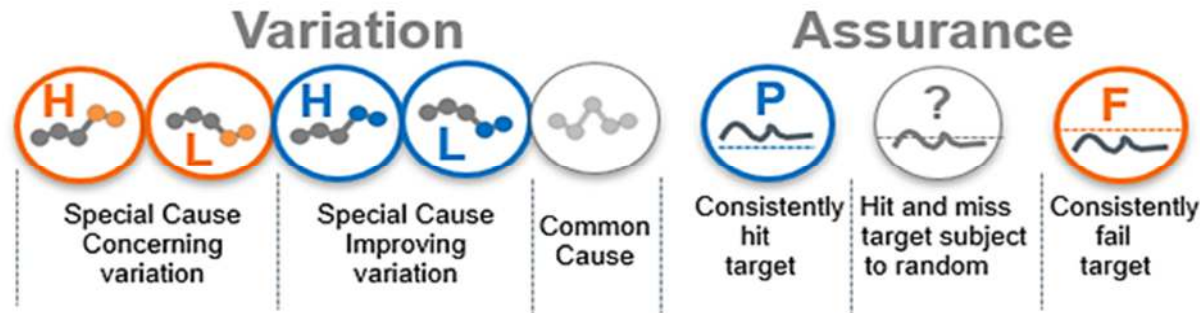
Domain	Finalised	Outstanding work
Safe Medical Director Chief Nurse	HSMR , SHMI, C-diff, E-coli, Serious incidents, Patient safety incidents, Patient Safety Severe Incidents, Safe Staffing (doctors), MRSA Screening - Elective, MRSA Screening - Non Elective	Safe Staffing. (Nurses and HCA). The process/system for collecting nurse staffing levels at each ward, three times a day has been agreed and developed. A meeting has been held with Diane Eltringham (Deputy Chief Nurse) to agree when this will be launched (scheduled April 22).
Caring Chief Nurse	Friends & Family Test (FFT) Recommended% and Responded% 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), Urgent Community Response (2 hour)	
Effective Chief Operating Officer	Readmissions within 30 Days Rate per 1000 Bed Days, SDEC	PREMS / PROMS. The Director of Partnerships and Innovation has an action to discuss the removal of PROMS from the Board Level Metrics at PMC.
Well-Led Chief People Officer & Director of Governance	Days lost to sickness Absences, Turnover monthly, Risk Mitigation, Pulse Survey	Risk Mitigations – requires a target
Use of Resources Chief Finance Officer	Better Practice Performance Compliance	
MMUH Chief Operating Officer	Occupied Bed Days, Emergency Admissions – Medical Over 65, Cardiology Bed Days, Inpatient RTT Incomplete Pathways, Community Contacts, Imaging Investigations, Theatre Productivity (BADS)	We have contacted Mike Carr regarding the Community Contacts target. We have contacted Martin Chadderton regarding the Imaging Investigations target as he created the Imaging MMUH model.



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,	Sepsis Treated within 1 Hour, Perfect Ward – Number of Inspections, Urgent Community Response (2 hour),	
	Common Cause		HSMR, SHMI, E-coli (albeit that we have hit the target for every data point – investigating with NHSE/I) , C-difficile, Serious Incidents, Patient Safety Severe Incidents, Perfect Ward – Average Score, 62 Day Cancer, Turnover (monthly),	MRSA Screening – Elective, Doctor – Safe Staffing, FFT % Recommend, SDEC,	
	Special Cause : Concern	Emergency Care Attendances	MRSA Screening – Non Elective, Patient safety incidents, Days lost to Sickness Absences (albeit that target has not been hit in data period – investigating with NHSE/I)	FFT % Response, Emergency Care 4 hour waits, RTT Incomplete Pathways (18 weeks)	Risk mitigations



The matrix below shows how each metric is performing:

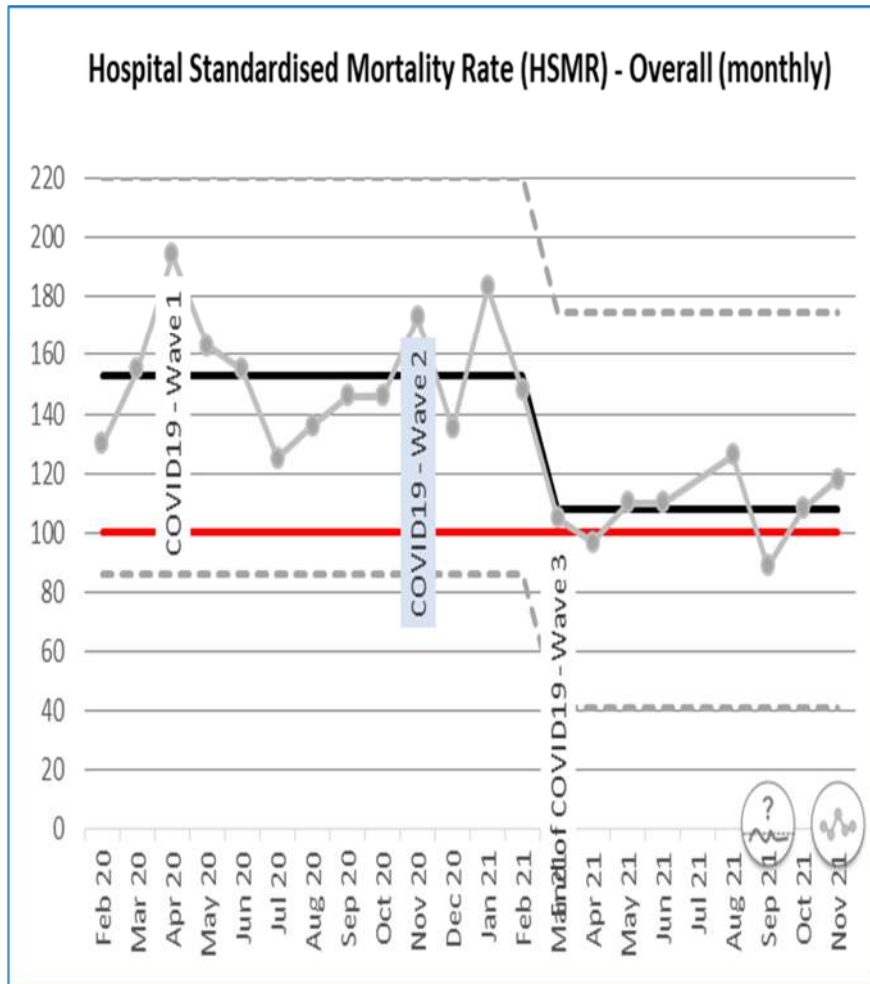
- If there is special or common cause
- Pass, fail or hit and miss its target
- No target set

		Assurance			
		Pass	Hit & Miss	Fail	No target
Variation	Special Cause: Improvement				Imaging Investigations
	Common Cause			Emergency Admissions – Medical Over 65, Cardiology 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 February 2022 but with some exceptions.

- **Cancer** – January 2022 we failed 2 week wait, breast symptomatic, 31 day and 62 day
- **Falls with Severe Harm**
- **SitRep late cancellations** - The last time we hit the target was May 21. Our year to date number is 495, we have already doubled our annual target of 240.
- **28 Day Breaches** – We have 53 year to date 28 day breaches – were we cancel a patient and then do not get them back into surgery within this national guarantee.
- **DM01 Performance** – There has been a decrease in performance for diagnostics from November 21 when it was 71% to January 22 were it is at 65% with 2002 patients waiting over 6 weeks.
- **Sickness Absence**– This remains above 6% (6.3%) and is impacting our ability to deliver services particularly in Surgery.
- **Nurse Turnover** – It has been 9 months since we last met or bettered our monthly qualified nurse Turnover. Target 10.7% we are reporting over 11%.
- **RTT performance** – although our Trust performance for January 2022 is 65.9% (a reduction of almost 2% from the previous month) which is good benchmarked against other trusts, we have lower performing clinical groups such as Surgery (57.5%). The Clinical Directorates within Surgery are performing as follows - General Surgery 51.9%; Specialist Surgery 49.8% and Ophthalmology 70.2%.

Safe

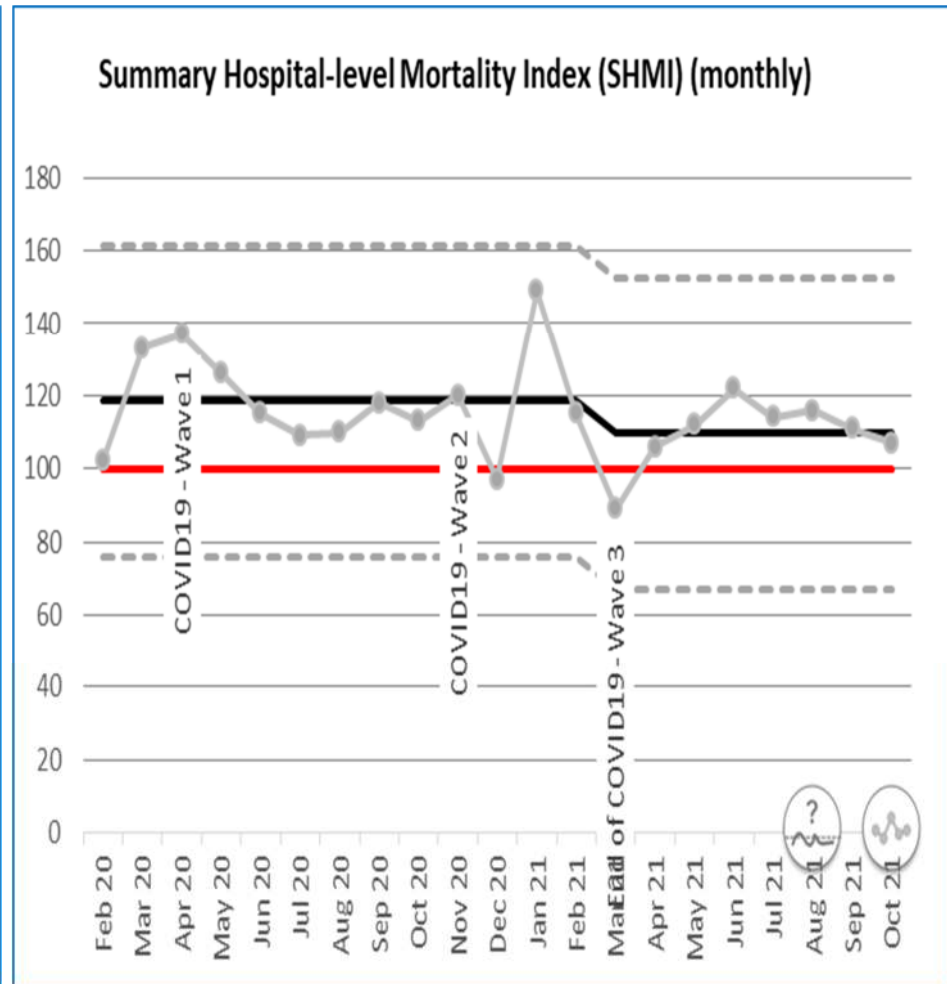


Commentary

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.

Fundamentals of Care



Commentary

This shows common cause variation on month by month basis .

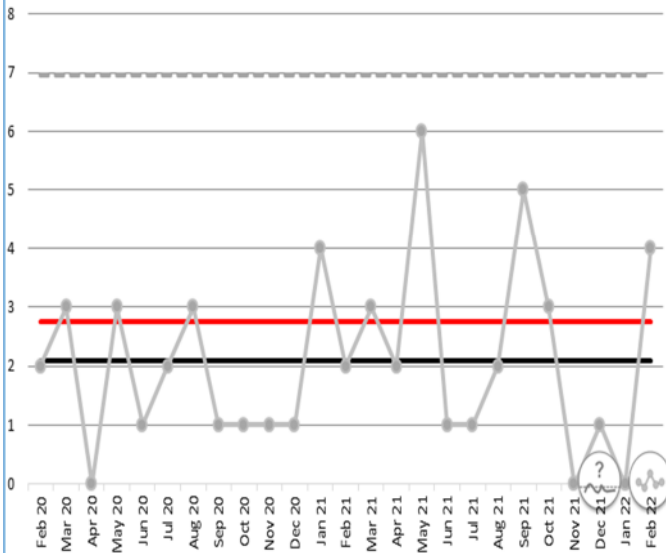
SWB is consistently above the SHMI national mean. Common cause variation is seen throughout the period indicating a predictable process. We were ranked 106th out of 122 Trusts as of September '21 using 12 month cumulative performance from Public View.

Quartile 4 – Inadequate

Safe

Fundamentals of Care

C. Difficile (Post 48 hours)



Commentary

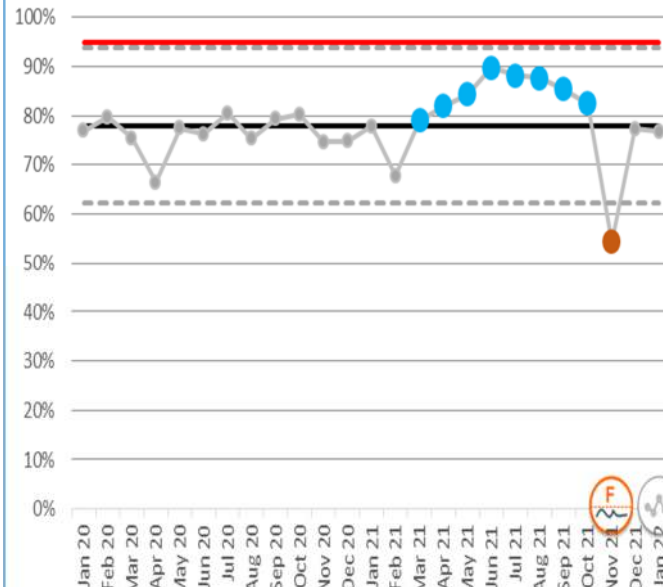
This shows common cause variation .

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

SWB was ranked 63rd out of 139 Trusts in November 21.

Quartile 2: Good

MRSA Screening - Elective



Commentary

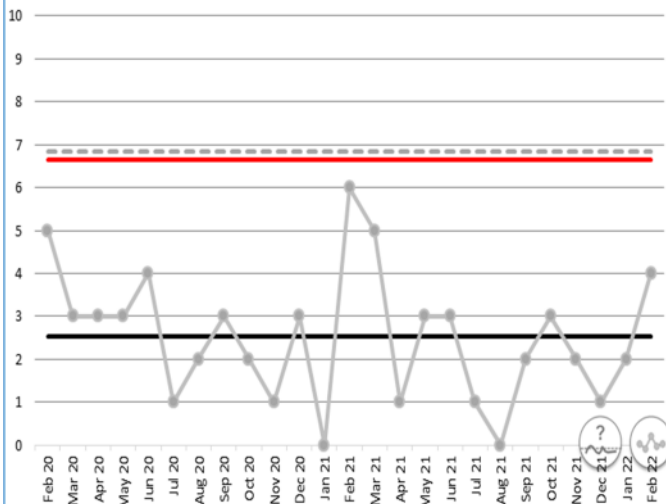
This shows common cause variation.

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

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

Quartile 2: Good

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



Commentary

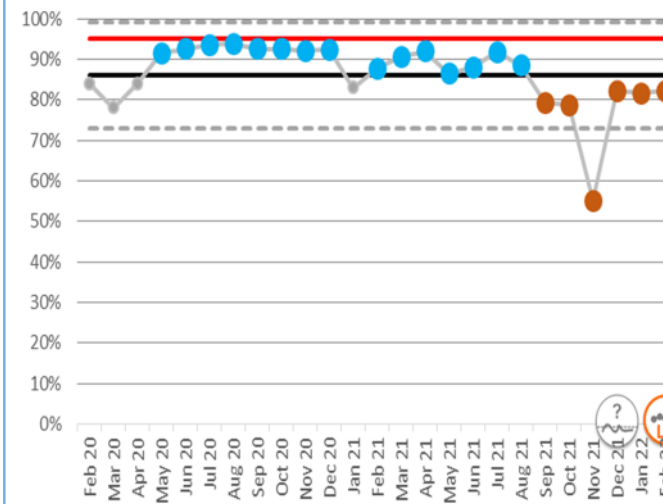
This shows common cause variation.

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

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

Quartile 1: Outstanding

MRSA Screening - Non Elective



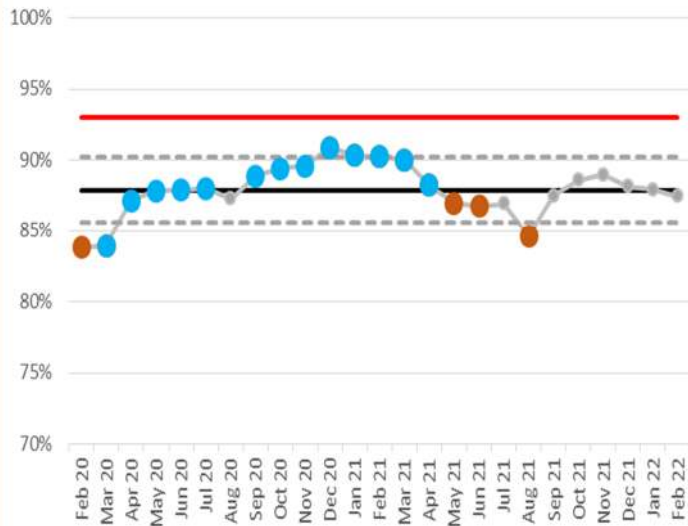
Commentary

This shows special cause concern.

We are investigating the special cause concern and the performance since August 21.

MRSA all cases: Quartile 2: Good

Doctor - Safe Staffing (FTE)

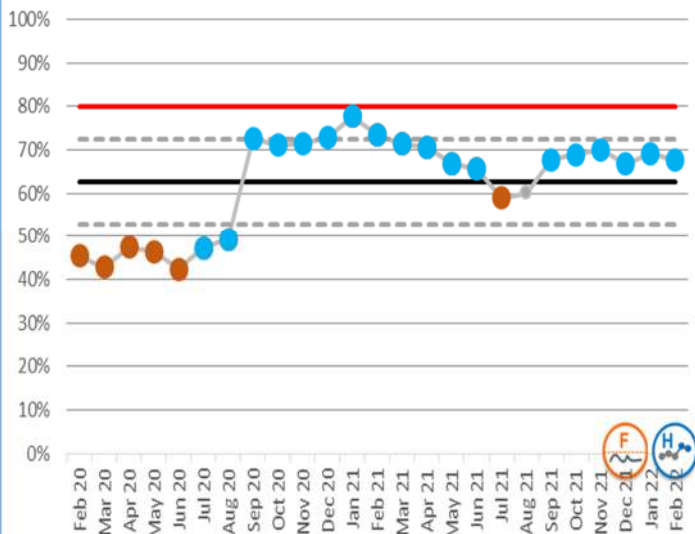


Commentary

This shows common cause variation.

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

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.

Nursing – Safe Staffing

HCA – Safe Staffing

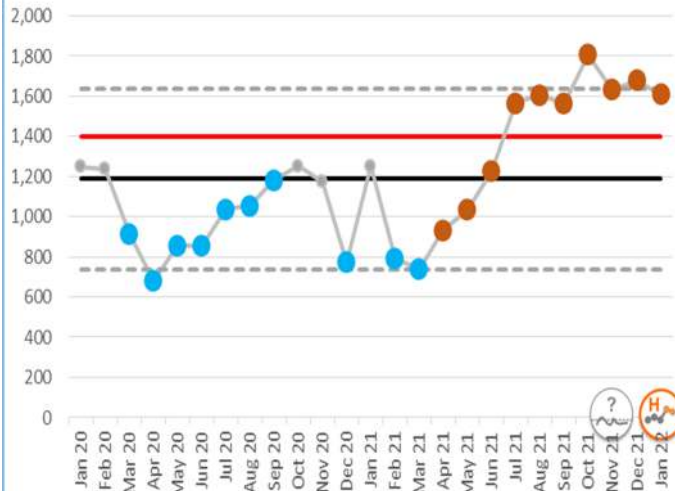
Commentary

Commentary

Safe

Executive Lead: Fundamentals of Care

Patient Safety Incidents

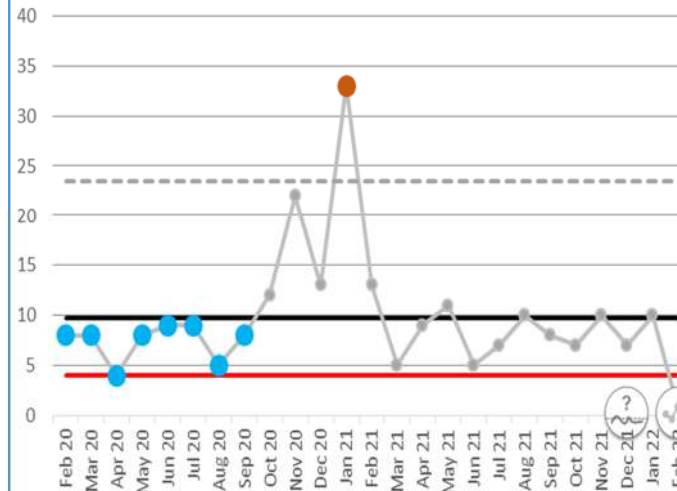


Commentary

This shows special cause concern.

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

Serious Incidents

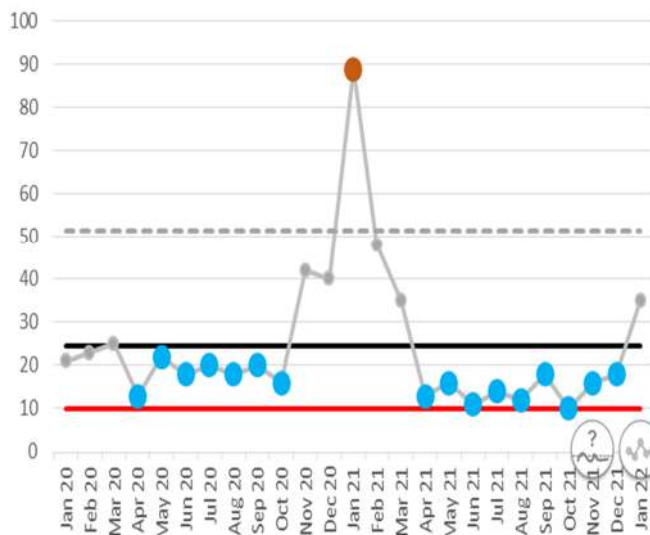


Commentary

This shows common cause variation.

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

Patient Safety Severe Incidents

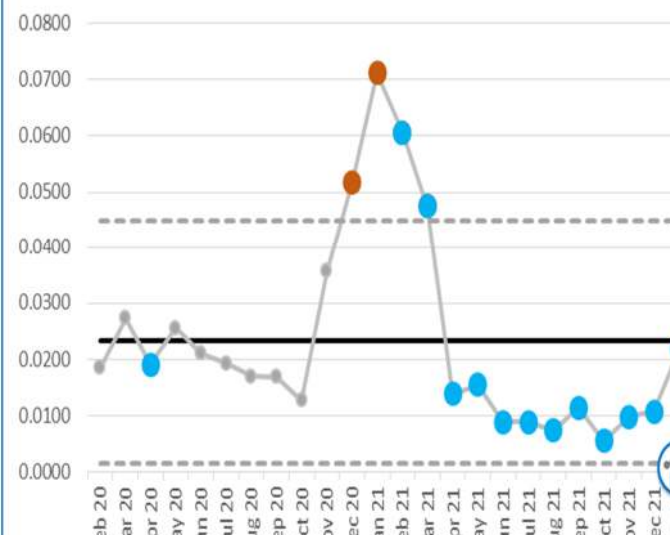


Commentary

This shows common cause variation.

An astronomical data point in Jan '21 is affecting what would be a predictable process.

Patient Safety Severe Incident Rate against Patient Safety Incidents

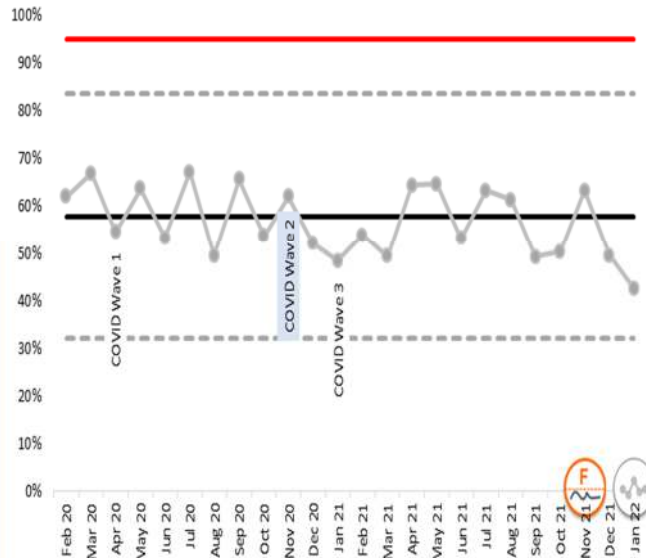


Commentary

This shows special cause improvement.

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

Friends and Family Test % Recommended



Commentary

This shows common cause variation.

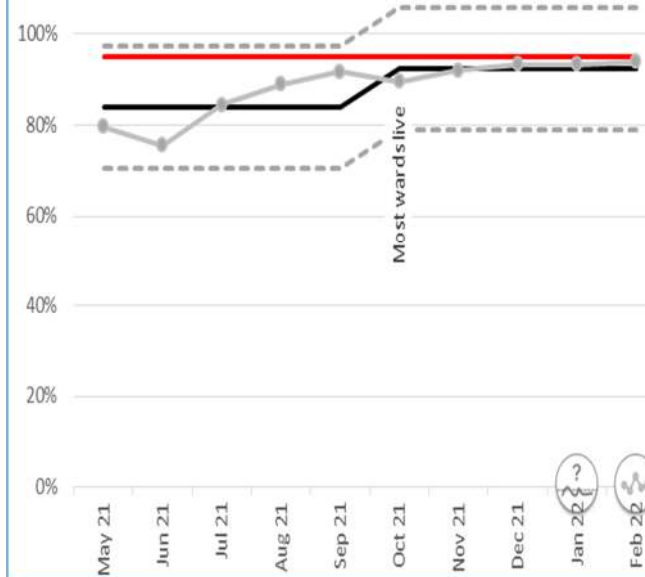
Common cause variation is seen throughout the period indicating a predictable process.

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

SWB are ranked for November 21, 128th out of 133 Inpatient score, 107th out of 121 for A&E, 126th out of 133 for Outpatients.

Quartile 4: Inadequate

Perfect Ward - Average Score



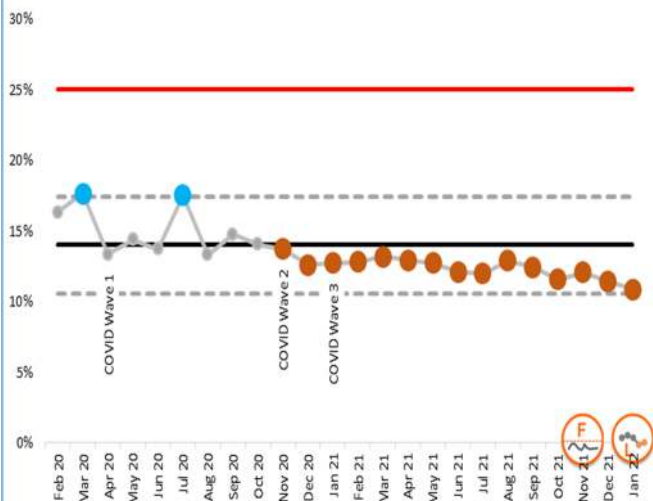
Commentary

This shows common cause variation.

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

This is a new indicator. It does not have sufficient data points to give an accurate reading.

Friends and Family Test % Responded

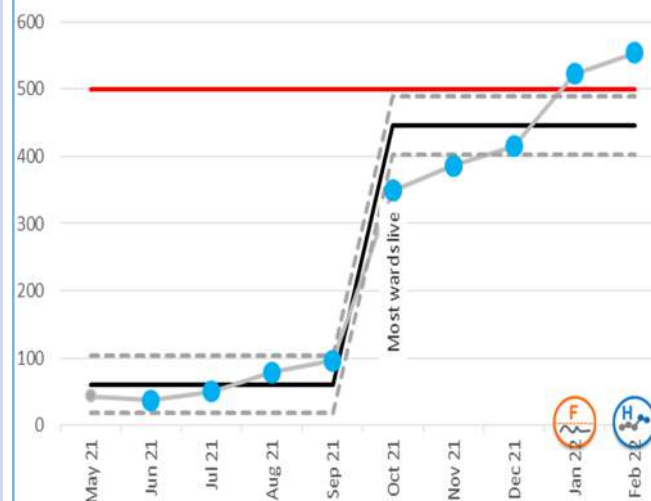


Commentary

This shows special cause concern.

Since November '20 the process has been in decline.

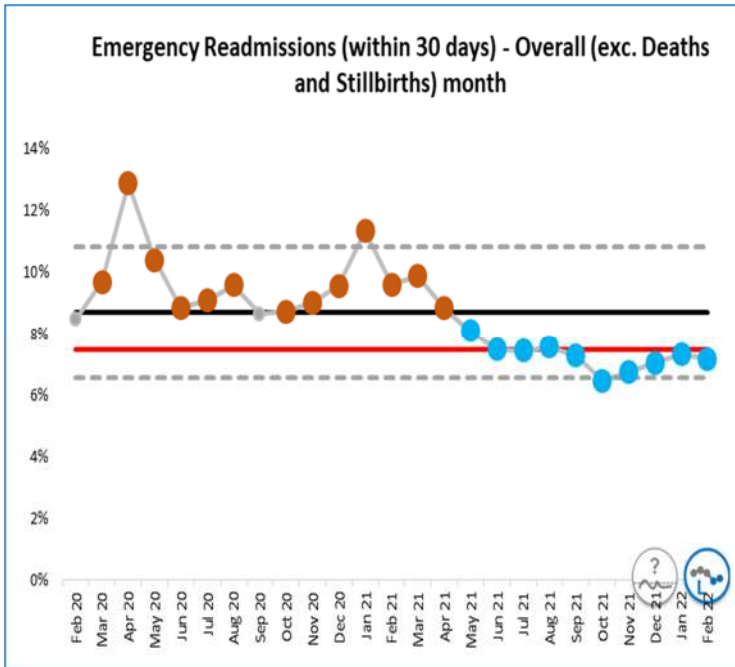
Perfect Ward - Number of Inspections



Commentary

This shows special cause improvement.

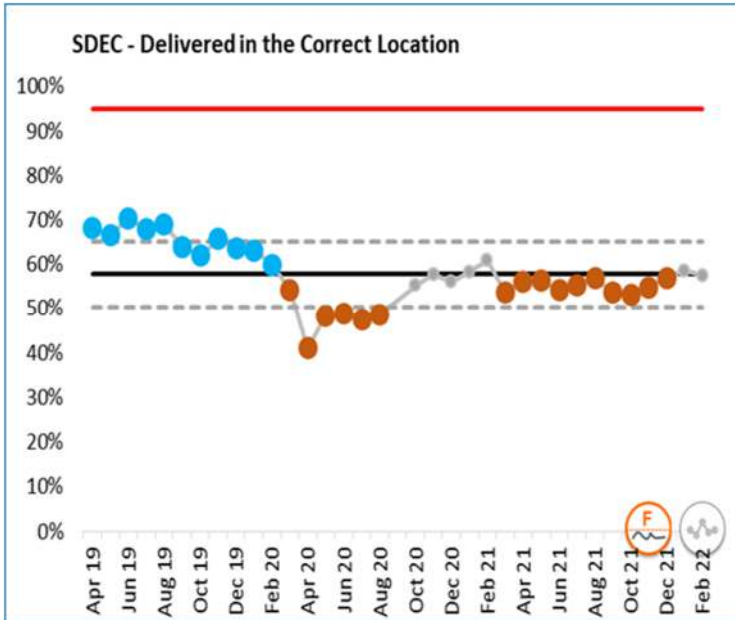
This is a new indicator. It does not have sufficient data points to give an accurate reading at present and so shows special cause improvement as more inspections are being completed as more wards go live.



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.



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.

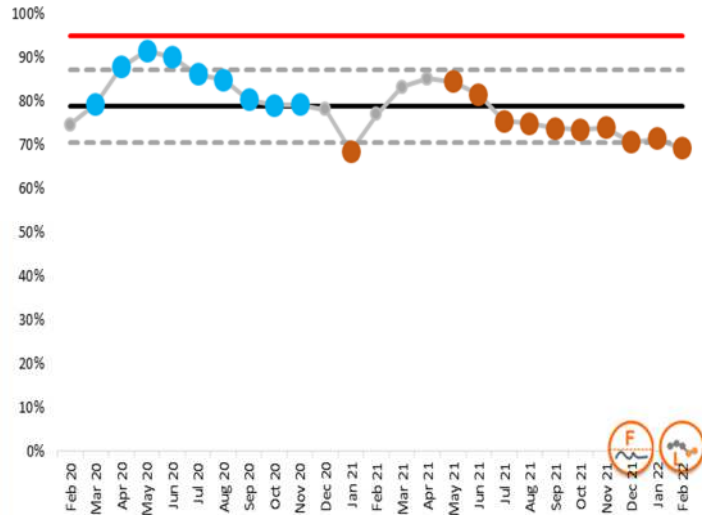
Commentary

PROMS

Responsive

Executive Lead: Fundamentals of Care

Emergency Care 4-hour waits



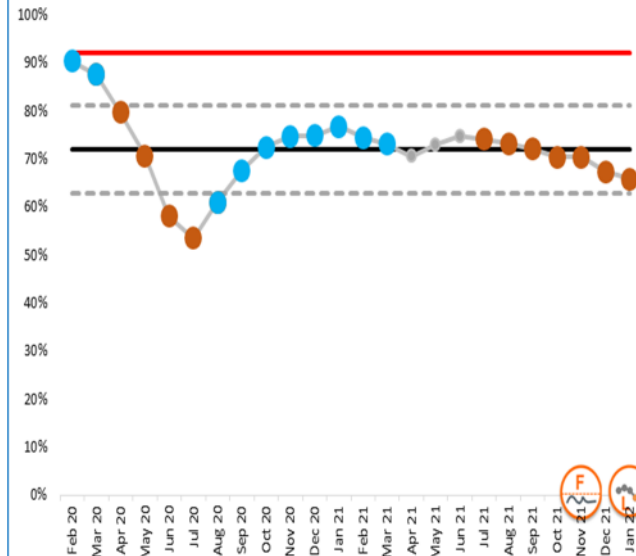
Commentary

This shows Special cause concern.

SWB was ranked 65th out of 133 in January 22.

Quartile 2: Good

RTT - Incomplete Pathway (18-weeks)



Commentary

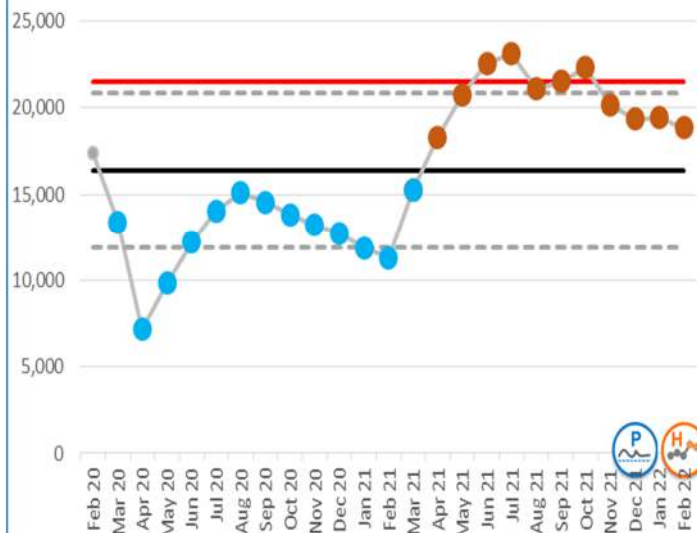
This shows Special cause concern

The current performance is below the upper process limit and so requires a step change to improve performance.

SWB was ranked 90th out of 172 Trusts in December 21.

Quartile 3: Requires Improvement

Emergency Care Attendances (Including Mailing)



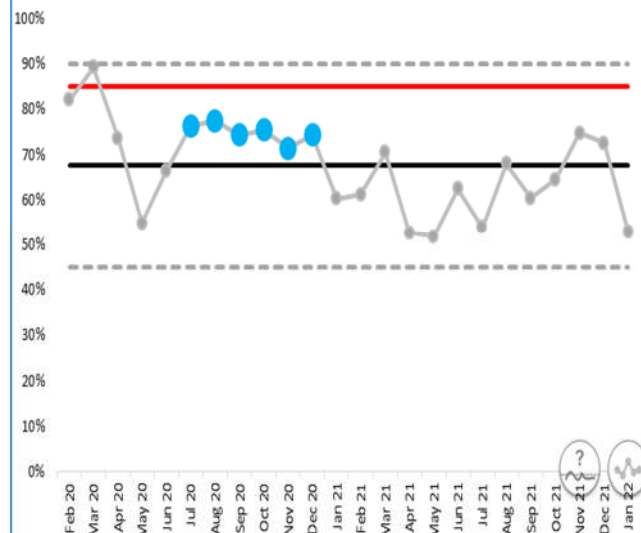
Commentary

This shows special cause concern.

Looking at SWB we are 126th out of 147 trusts in terms of volume of A&E attendances in January 22. Note a reduction in A&E attendances is the desired outcome.

Quartile 1: Outstanding

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



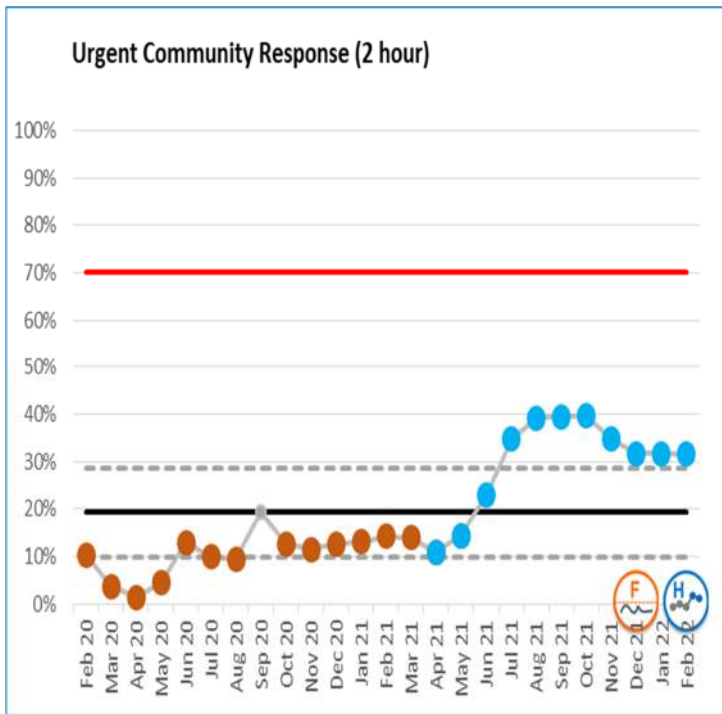
Commentary

This shows common cause variation.

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

SWB was ranked 57th out of 139 in December 21.

Quartile 2: Good

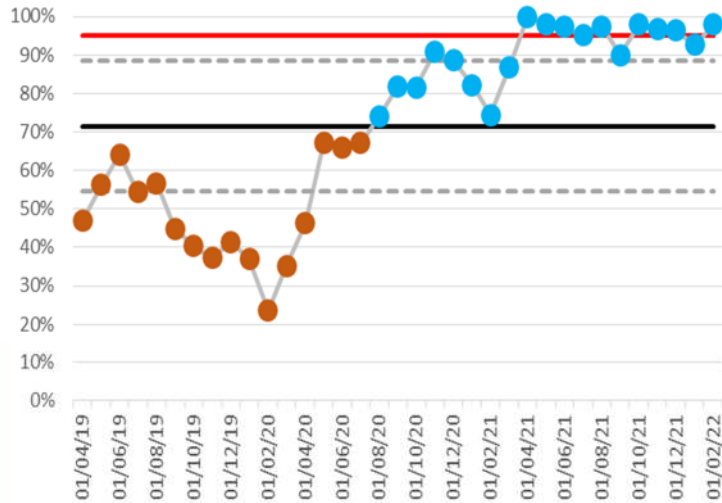


Commentary

This shows special cause improvement.

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

Performance Against Better Practice Performance Compliance

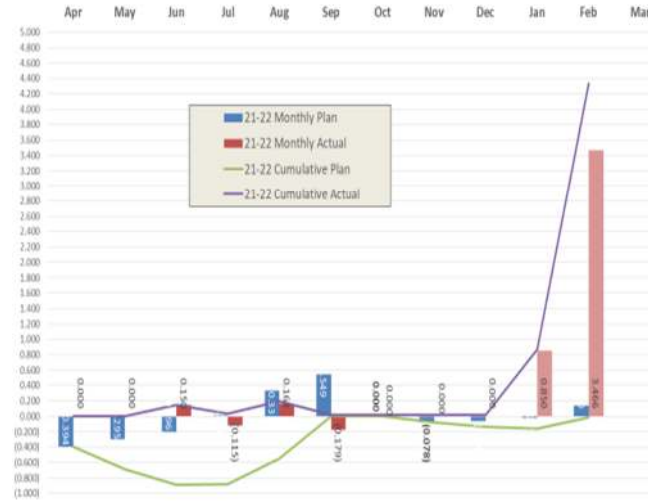


Commentary

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)

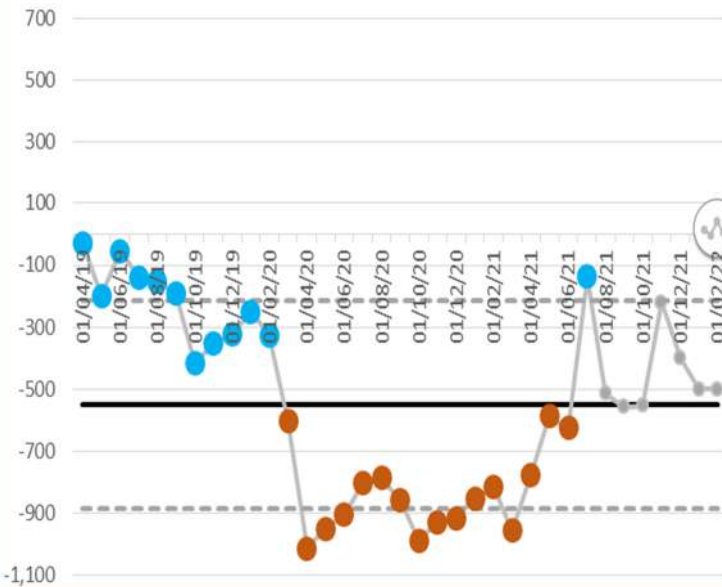


Commentary

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)

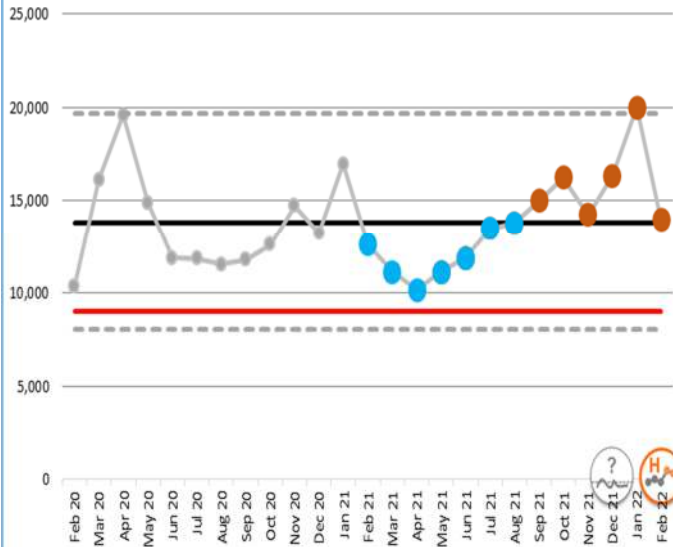


Commentary

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

People

Days Lost to Sickness Absences



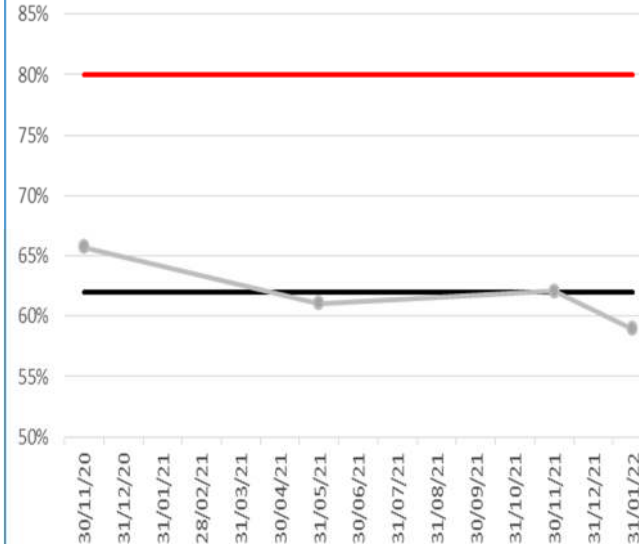
Commentary

This shows special cause concern.

The sickness absence rate was 168th out of 214 Trusts in September 21.

Quartile 4: Inadequate

Pulse Survey



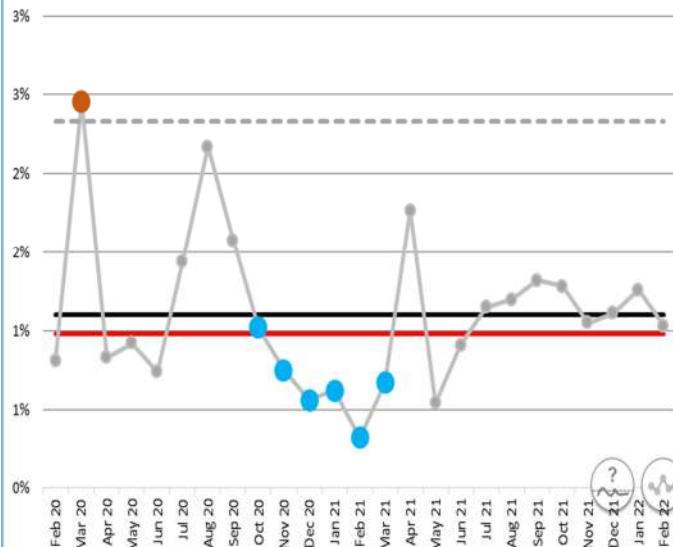
Commentary

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.

Turnover (monthly)

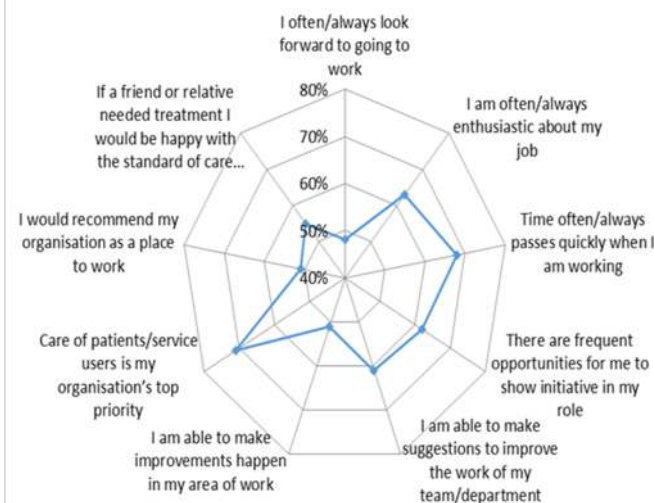


Commentary

This shows common cause variation.

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

Pulse Survey



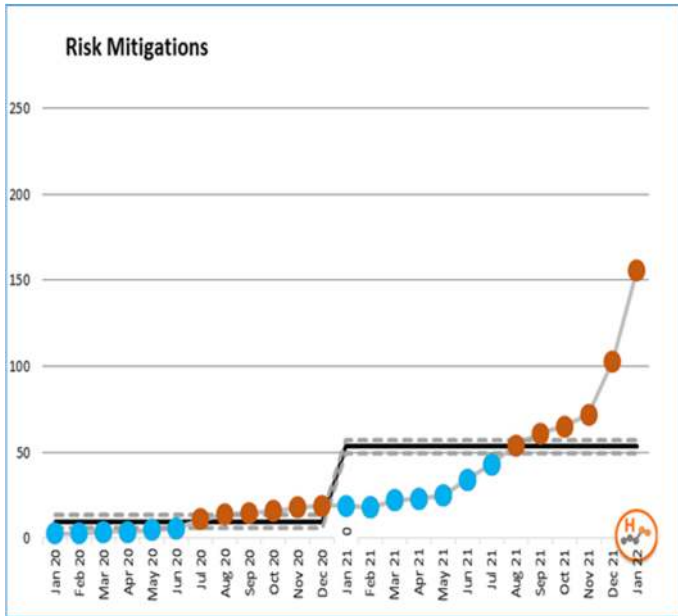
Commentary

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%

Quartile 4: Inadequate



Commentary

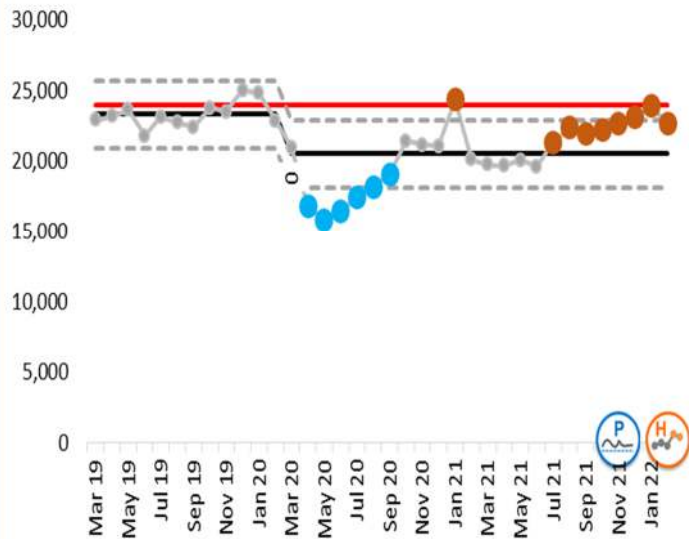
This shows special cause concern.

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

We need a target.

MMUH - 1

Occupied Bed Days



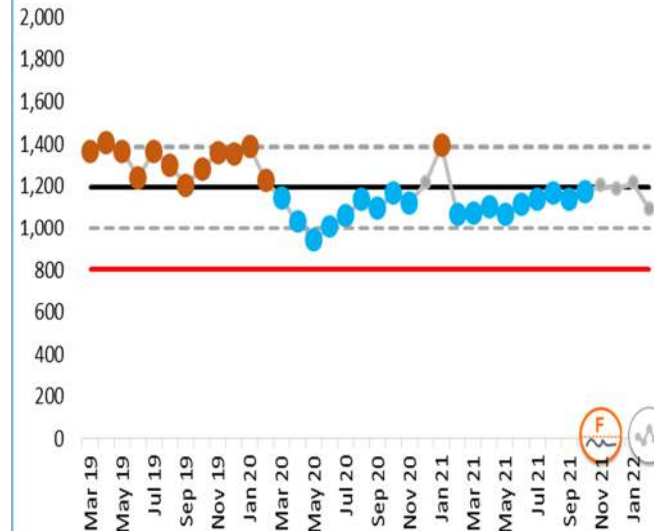
Commentary

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.

Emergency Admissions - Medical Over 65



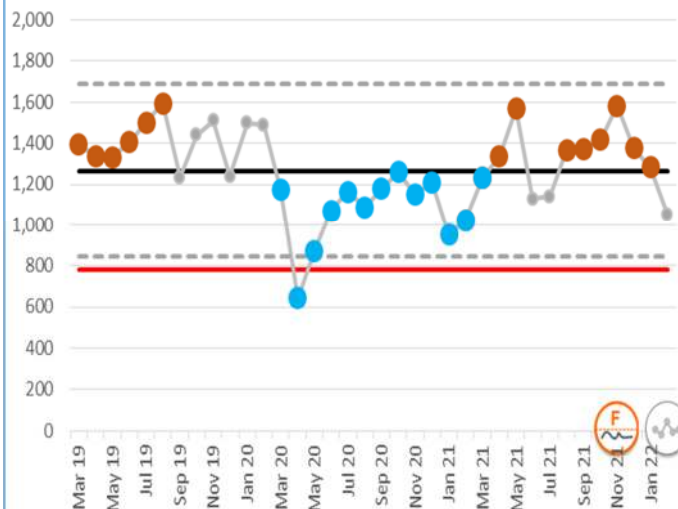
Commentary

The shows common cause variation.

The target is emergency admissions for over 65s in MMUH after admission avoidance schemes.

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

Cardiology Bed Days



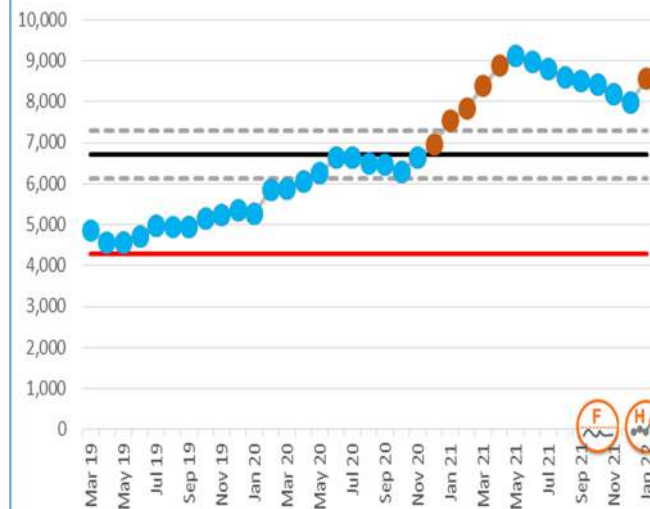
Commentary

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.

Inpatient RTT Incomplete Pathways



Commentary

This shows special cause concern.

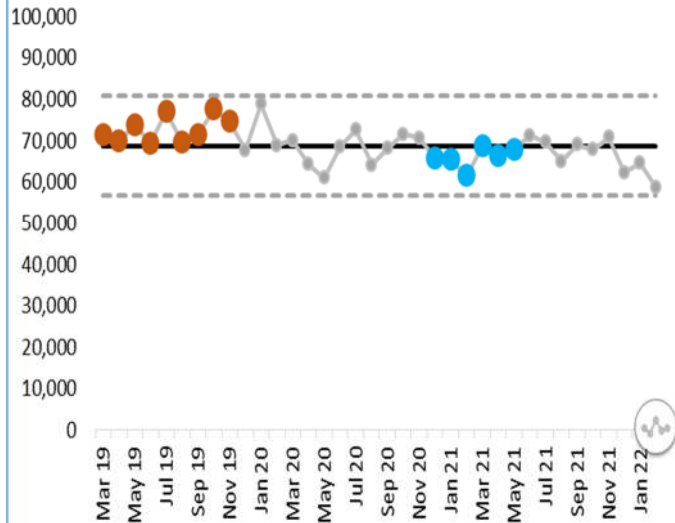
The target is based on the historical level of incomplete inpatient pathways.

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.

MMUH - 2

Community Contacts



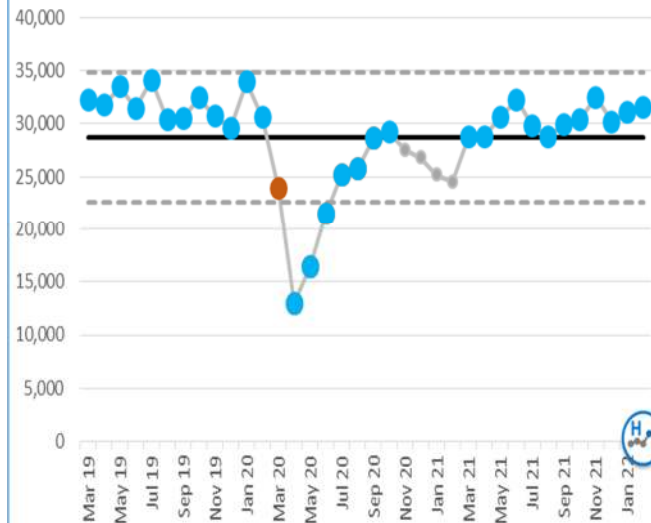
Commentary

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

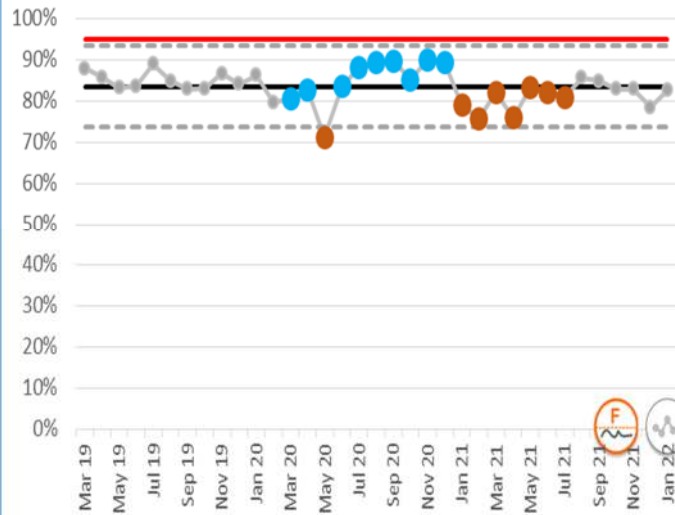


Commentary

This is showing special cause improvement.

We need a target for this.

Theatre Productivity - BADS



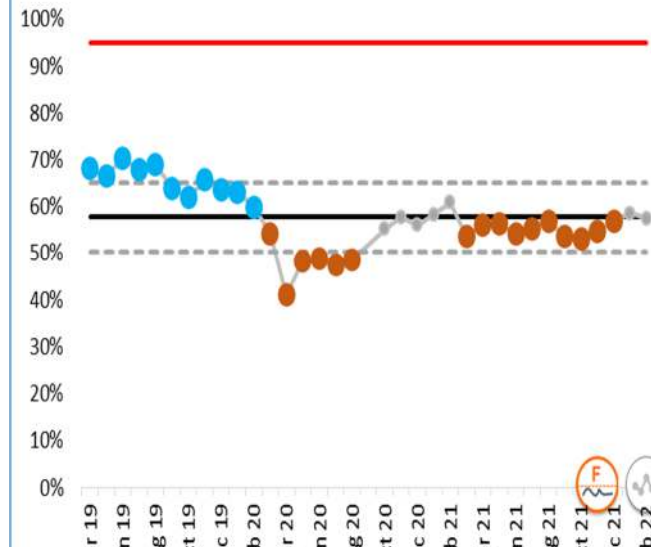
Commentary

This is showing 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	35.79%	27.65%	9.91%	9.54%	5.64%	4.38%	3.88%	0.83%	0.42%	0.72%	1.25%
Cardiology Beds	33.63%	31.24%	9.58%	8.06%	7.51%	5.01%	2.65%	0.78%	0.42%	0.55%	0.58%
Clinical Haematology Beds	38.30%	24.02%	8.74%	10.29%	9.93%	3.55%	0.81%	0.61%	0.86%	0.59%	2.30%
Community Contact	23.03%	40.31%	12.95%	6.55%	6.41%	6.92%	1.79%	0.72%	0.44%	0.18%	0.70%
Critical Care Beds	41.45%	30.09%	8.47%	6.77%	5.18%	3.18%	1.35%	1.19%	0.37%	0.70%	1.24%
Day Case Admissions	30.01%	26.10%	10.42%	9.39%	7.67%	5.25%	3.54%	2.38%	2.28%	2.10%	0.86%
Delivery Beds	42.46%	28.26%	11.07%	7.31%	4.45%	2.53%	1.82%	0.41%	0.26%	0.18%	1.25%
ED Type 1	36.73%	27.46%	11.29%	8.11%	5.66%	4.52%	2.16%	0.95%	0.71%	0.65%	1.76%
ED Type 1 - Ambulance Arrivals	38.26%	27.15%	10.52%	7.34%	5.51%	4.26%	2.08%	1.07%	0.75%	0.79%	2.27%
ED Type 3 (UTC)	20.66%	21.33%	7.43%	5.06%	3.72%	2.86%	1.66%	0.53%	0.37%	0.16%	36.23%
Elective Admissions	31.32%	25.86%	11.76%	9.07%	6.99%	5.30%	3.27%	2.04%	1.81%	1.81%	0.77%
Emergency Admissions	36.95%	28.73%	10.93%	8.04%	5.84%	4.43%	2.05%	0.81%	0.55%	0.57%	1.10%
Emergency Admissions - Medical Over 65	32.87%	29.87%	11.58%	8.18%	7.09%	5.76%	2.08%	0.95%	0.53%	0.73%	0.36%
Emergency Admissions - Zero LOS	37.78%	27.89%	11.27%	7.92%	5.61%	4.26%	2.27%	0.88%	0.75%	0.41%	0.96%
Emergency Admissions NOT SWB	40.63%	17.84%	11.99%	10.52%	5.42%	4.32%	2.67%	1.53%	1.22%	1.76%	2.09%
Gastroenterology Beds	36.37%	30.31%	8.96%	8.83%	5.02%	6.04%	2.37%	0.87%	0.61%	0.00%	0.61%
General Surgery Beds	30.79%	30.25%	11.82%	8.67%	7.83%	6.05%	2.39%	0.85%	0.51%	0.29%	0.55%
Geriatrics Beds	30.66%	31.09%	10.34%	9.63%	6.51%	6.34%	2.48%	1.22%	0.94%	0.44%	0.35%
Imaging Investigations	33.83%	27.75%	11.35%	8.69%	6.61%	5.45%	2.28%	1.07%	0.90%	0.72%	1.35%
Inpatient RTT Incomplete Pathways	30.13%	26.14%	11.29%	9.57%	7.57%	6.02%	3.50%	1.85%	1.96%	1.44%	0.53%
Intermediate Care Beds	28.42%	28.45%	10.60%	14.24%	5.19%	5.77%	3.16%	0.70%	0.57%	1.59%	1.30%
Maternity Beds	42.27%	28.56%	10.74%	8.10%	4.59%	2.76%	0.86%	0.70%	0.11%	0.02%	1.30%
Medicine Beds	35.34%	32.91%	8.93%	7.86%	6.36%	3.37%	1.73%	0.36%	0.47%	1.58%	1.07%
Neonatal Beds	41.25%	25.51%	15.05%	6.82%	5.17%	0.98%	0.98%	3.27%	0.04%	0.00%	0.91%
Occupied Bed Days	34.55%	29.51%	10.59%	8.99%	5.92%	4.90%	2.23%	0.92%	0.64%	0.86%	0.90%
Paediatric Beds	35.35%	33.68%	11.85%	6.67%	4.31%	4.45%	1.90%	0.26%	0.37%	0.56%	0.59%
Respiratory Beds	39.96%	28.67%	11.78%	7.87%	4.60%	3.85%	1.28%	0.56%	0.12%	0.25%	1.06%
Same Day Emergency Care (SDEC)	35.54%	27.70%	11.91%	8.98%	6.46%	4.41%	2.25%	0.78%	0.36%	0.55%	1.07%
Stroke Beds	39.38%	29.38%	9.23%	7.59%	4.64%	5.62%	1.35%	0.55%	0.88%	0.93%	0.47%
T&O Beds	29.33%	26.16%	14.78%	9.11%	8.25%	6.34%	2.39%	1.47%	1.23%	0.47%	0.48%
Theatre Productivity - BADS	30.21%	23.62%	11.76%	9.31%	7.44%	5.99%	3.57%	1.95%	2.88%	2.47%	0.80%
Womens Beds	30.10%	21.14%	11.89%	8.86%	6.40%	7.30%	2.13%	2.57%	2.16%	5.17%	2.27%

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	42.62%	2.59%	6.46%	0.70%	0.14%	0.11%	0.74%	9.97%	6.06%	2.02%	1.34%	8.92%	2.36%	1.40%	0.28%	2.06%	0.91%	11.32%
Cardiology Beds	41.77%	1.68%	5.79%	0.57%	0.12%	0.00%	1.03%	13.14%	7.04%	1.75%	1.72%	8.03%	1.84%	1.69%	0.41%	1.92%	1.89%	9.63%
Clinical Haematology Beds	37.05%	1.99%	8.89%	0.73%	0.13%	0.00%	0.77%	7.53%	8.01%	3.60%	2.43%	13.28%	6.63%	1.19%	0.35%	1.59%	0.56%	5.25%
Community Contact	52.08%	0.56%	5.91%	1.60%	0.28%	0.56%	7.00%	9.51%	3.82%	1.46%	0.95%	4.17%	1.68%	1.46%	0.13%	2.64%	3.24%	2.95%
Critical Care Beds	44.53%	1.43%	7.12%	2.64%	2.10%	0.11%	0.16%	14.42%	5.44%	1.43%	0.48%	10.49%	2.69%	3.59%	0.00%	2.78%	0.07%	0.53%
Day Case Admissions	43.33%	0.98%	6.22%	0.60%	0.20%	0.31%	0.72%	11.93%	7.37%	2.50%	2.42%	7.53%	2.31%	1.70%	0.37%	2.41%	1.04%	8.07%
Delivery Beds	13.32%	0.59%	4.42%	2.71%	0.97%	0.46%	2.28%	19.44%	13.17%	7.16%	3.76%	5.37%	8.39%	1.33%	0.79%	6.27%	0.43%	9.13%
ED Type 1	30.09%	0.50%	5.91%	1.40%	0.36%	0.45%	1.23%	11.83%	8.01%	2.90%	2.32%	6.33%	3.43%	1.50%	0.42%	3.87%	1.08%	18.38%
ED Type 1 - Ambulance Arrivals	36.21%	0.84%	5.63%	0.95%	0.25%	0.36%	1.13%	10.12%	6.65%	2.20%	1.74%	5.89%	2.47%	1.13%	0.29%	2.72%	1.29%	20.14%
ED Type 3 (UTC)	2.26%	0.00%	0.00%	0.06%	0.02%	0.01%	0.03%	0.00%	0.20%	0.10%	0.55%	0.08%	0.06%	0.03%	0.03%	0.13%	96.38%	0.05%
Elective Admissions	40.05%	0.96%	6.73%	1.23%	0.31%	0.38%	0.81%	11.91%	9.26%	2.15%	2.34%	7.07%	3.50%	1.58%	0.58%	2.04%	1.11%	7.99%
Emergency Admissions	33.75%	0.71%	6.11%	1.55%	0.38%	0.37%	1.08%	12.79%	8.28%	3.53%	2.25%	6.74%	4.37%	1.45%	0.46%	3.79%	0.71%	11.70%
Emergency Admissions - Medical Over 65	51.70%	1.67%	7.36%	0.24%	0.10%	0.12%	0.43%	11.06%	4.65%	1.52%	0.99%	8.88%	0.56%	1.06%	0.38%	0.90%	0.84%	7.53%
Emergency Admissions - Zero LOS	27.18%	0.39%	5.80%	1.95%	0.30%	0.56%	1.09%	13.71%	9.90%	4.16%	3.02%	5.74%	4.78%	1.29%	0.49%	4.18%	0.62%	14.86%
Emergency Admissions NOT SWB	24.92%	1.08%	3.29%	1.45%	0.51%	0.49%	0.98%	5.40%	12.02%	2.86%	2.51%	5.12%	4.98%	0.92%	0.51%	3.62%	1.39%	27.95%
Gastroenterology Beds	40.71%	0.51%	5.53%	0.29%	0.00%	0.26%	0.10%	18.43%	5.50%	2.37%	3.62%	4.74%	2.99%	2.07%	0.09%	2.47%	0.73%	9.59%
General Surgery Beds	48.43%	1.17%	7.66%	0.84%	0.36%	0.18%	1.19%	11.62%	5.62%	2.12%	0.69%	8.14%	1.61%	1.22%	0.78%	2.81%	0.88%	4.69%
Geriatrics Beds	58.90%	1.58%	8.31%	0.08%	0.06%	0.21%	0.69%	6.81%	2.60%	0.66%	0.28%	9.54%	0.60%	0.95%	0.40%	0.86%	0.95%	6.51%
Imaging Investigations	30.66%	0.64%	9.32%	1.17%	0.34%	0.32%	0.81%	11.98%	7.24%	2.78%	2.12%	6.06%	4.17%	1.37%	0.43%	3.05%	6.53%	11.00%
Inpatient RTT Incomplete Pathways	38.00%	0.78%	10.19%	0.85%	0.24%	0.25%	0.67%	11.41%	6.23%	2.14%	2.04%	5.44%	3.06%	1.35%	0.34%	2.44%	7.42%	7.14%
Intermediate Care Beds	68.59%	0.70%	8.51%	0.18%	0.00%	0.00%	0.40%	6.66%	0.95%	0.24%	0.51%	5.85%	1.24%	2.10%	0.48%	1.51%	0.26%	1.82%
Maternity Beds	14.57%	0.07%	4.50%	3.10%	0.89%	0.81%	1.70%	17.03%	12.03%	7.92%	4.15%	5.12%	9.08%	2.22%	0.66%	5.65%	0.19%	10.32%
Medicine Beds	43.07%	0.55%	8.05%	0.37%	0.08%	0.10%	0.49%	10.20%	6.10%	2.02%	2.50%	8.77%	2.96%	2.26%	0.07%	2.44%	0.53%	9.47%
Neonatal Beds	20.57%	0.00%	1.16%	5.84%	0.25%	0.18%	2.04%	18.36%	12.33%	7.07%	5.63%	2.53%	8.23%	2.25%	1.02%	7.81%	0.00%	4.75%
Occupied Bed Days	45.44%	1.05%	6.82%	0.90%	0.31%	0.21%	0.83%	10.80%	5.58%	2.29%	1.60%	7.75%	2.89%	1.89%	0.48%	2.50%	0.78%	7.89%
Paediatric Beds	25.60%	0.20%	5.58%	2.89%	0.36%	1.31%	2.05%	14.22%	11.56%	5.55%	3.15%	2.91%	5.52%	1.13%	0.38%	8.08%	0.05%	9.45%
Respiratory Beds	41.13%	0.28%	5.71%	0.51%	1.50%	0.16%	1.62%	10.45%	4.67%	2.65%	2.09%	10.54%	2.66%	3.02%	0.30%	2.40%	0.87%	9.42%
Same Day Emergency Care (SDEC)	33.71%	0.53%	6.59%	1.42%	0.30%	0.18%	0.85%	13.60%	9.00%	3.03%	2.07%	8.00%	3.19%	1.90%	0.38%	3.00%	1.44%	10.83%
Stroke Beds	38.59%	0.85%	4.28%	0.97%	0.20%	0.05%	0.28%	13.18%	5.39%	2.33%	1.22%	11.51%	3.18%	3.05%	1.59%	1.44%	1.74%	10.15%
T&O Beds	59.54%	1.09%	9.52%	0.37%	0.10%	0.10%	0.46%	8.70%	4.13%	0.57%	0.69%	4.87%	1.33%	2.23%	0.60%	1.33%	0.32%	4.04%
Theatre Productivity - BADS	45.59%	0.88%	6.89%	0.47%	0.11%	0.19%	0.49%	11.62%	6.67%	1.87%	2.06%	6.18%	2.20%	1.48%	0.41%	1.79%	1.57%	9.53%
Womens Beds	38.71%	1.06%	5.46%	0.64%	0.16%	0.09%	0.21%	9.32%	5.05%	3.10%	1.97%	6.40%	4.38%	2.32%	0.11%	1.70%	1.74%	17.56%

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>

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Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.