Supplementary 4 - Making Data Count Powerpoint (1)



Making data count

Samantha Riley, Head of Improvement Analytics

collaboration trust respect innovation courage compassion

Where we are now.....

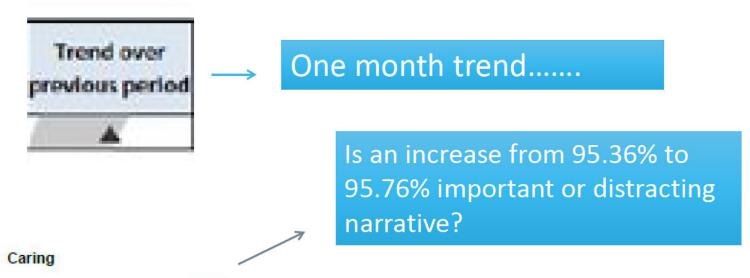


Ī			Barrier Half		Latest	molf	Trend over	Trend-	2017/18 Total	ĺ													
	Indicator	Previous Period	Previous Value	Latest *eriod	Value	Difference		d APR 2017 orwards	2017/15 Average	8													
	iont Falls (Month Total (In Inspiral) iont Fall NO Injury	January 2018	912 81	February 2018	130 27	- 1	*	-	1000	a de													
	sent Fall NO Injury Sent Fall Injury NO Fracture	January 2018 January 2018	29	February 2018 February 2018	32	3	-	. A. A.A	120	9													
M	Sent Fall FRACTURE	January 2018	3	February 2018	1	-2	¥	5	25	1													
	ssure Ulcors - Month Total (in-hospital)	December 2017	28	January 2018	. 26	-2		AND SHOW	316														
	escre Ulcers - Grade 1	December 2017 December 2017	2 22	January 2018 January 2018	19	-2	+	~~~	3d 162														
	esure Ulcers - Grade 3	December 2017	3	January 2018	2	-1	Ť	www.	10	1													
P	issure Ulcers- Grade 4	December 2017	1	Samuery 2018	1		4		2														
	lety Thermometer - Trust Harm Free Care	Senuary 3018	\$8.64%	February 2018	97.90%	-LSIN	_	Provide a	58.50%														
	lety Themiometer - Trust New Hamil lety Themiometer - In-hospital Hamil Free Care	January 2018 January 2018	1.16% 97.17%	February 2018 February 2018	93.75%	1.54%	4		1.m/s														
	ety Thermometer - In-hospital New Harm	January 2018	2.87%	February 2018	6.25%	3,38%	A	and the	2.68%														
	fety Thermometer - Out of hospital Harm Free Care	January 2018	99.59%	Februay 2018	99.58%	-0.01%			58.99%														
	lety Thermometer - Out of hospital New Harm	January 2018	0.41%	February 2018	0.42%	0.01%		my .	1.01%														
	ver events est Compliance with National Safety Allerts	January 2018 January 2018	160%	February 2018	100%	0,00%	1		100.00%														
	ost idium difficile (C diff)	January 2018	3	February 2018	2	-1	¥	mu	31	9													
ė	thicitin-Resistant Staphylococcus Aureus (MRSA)	January 2018	0	Petruay 2018	1	. 1		marin	-			4							r i				
	chicilin-Sensitive Staphylococcus Aureus (MSSA)	January 2018	1	February 2018	2	1	<u> </u>		21	ght Fr	amew	ork	(Inde	ex 1)				Мени					
	herichia Coli (E.coli)	January 2018 January 2018	5	February 2018 February 2018	1	-1	Ť	\1443 	27		-	THE REAL PROPERTY.		-					k			=	
	ibriella species becteraemia (Klep sp) pulomonas aeruginosa becteraemia (Ps a)	Jenuary 2018	1	February 2018	0	4	÷		5				- 1	_			-						
	act Wide Hand Hygiene Compliance (%)	January 2018	97.00%	February 2018	97.00%	0.00%	4		07%		20			1000	147		2	7.00	343		-		100
	EQ6 (Staff, Patient Experience and Quality Standards) - SAFE	BIOC yreunet	96.02%	February 2018	93,30%	-2.82%		the Summer	54,31%	100	1		1	5	8		8	8	ă		100		8
	tall - Friends and Family Test - Would Recommend	SIOS ynunes	95-3676	Februay 2018		0,40%		SCOOLS SAN	95.00%	92,00%		QTR 1 92.00%	92,00%	92.00%	\$2.00%	QTR 2 92.00%	92.00%	92,00%	\$2.00%	QTR 8 92.00%	92.0	Ų	85
	rd - Friends and Family Test - Wouldn't Recommend padent - Friends and Family Test - Would Recommend	January 2018 January 2018	94,30%	February 2018 February 2018	94,76%	0.22%		***************************************	1.34%	94,39%	94.12%	94.24%	93,17%	93,52%	94,12%	93,61%	94.74%	94.20%	93,20%	94.04%	93.0		5% 92.01
	pacient - Friends and Family Test - Wouldn't Recommend	January 2018	3.02%	February 2018	1.05%	-1.97%	7	Augusta,	2.53%	2.39%	2.12%	2.24%	1,17%	1.52%	2.12%	1.81%	2.74%	2.20%	1.20%	2.04%	1.0	150	5% 0.01
	ergency Care - Friends and Family Test - Would Recommend	January 2018	93.27%	February 2018	95.73%	2.46%	A		84.32%	6 5.4	5.3	5.4	4.9	6.3	8.4	5.4	5.4	5.4	8.7	5.7		ä	8.0
	wrgency Care - Friends and Family Test - Wouldn't Recommend	January 2018	2,40%	February 2018	0.61%	-1.79%	Y	and the same	2,98%	3 -1.8	-1.9 28.00	-1,8 28.00	-2.3 28.00	-0.9 28.00	-1.8 28.00	-1.8 28.00	-1.8 28.00	-1.8 28.00	-0.8 28.00	-1,5 28,00	28	1.2	
	iternity - Friends and Family Test - Would Recommend	January 2018	96.97%	February 2018	98.01%	1.04%	A	2.4	97.48%		16.40	16,10	17.40	17.40	16,30	17.00	15.70	16.00	17.00	16,10	17.	30	30 18.
	sternity - Friends and Family Test - Wouldn't Recommend t-eatlents - Friends and Family Test - Would Recommend	January 2018 January 2018	94.22%	February 2018 February 2018	94.46%	0.24%	A	VA.	93.13%	10.30	-11.60	-11.90	-10.60	-10.60	-11.70	-11.00	-12.30	-12.00	-11.00	-11.90	-10.	70	70 -0.
	t-gatients - Friends and Family Test - Wouldn't Recommend	January 2018	1.07%	February 2018	2.22%	1.15%	₩.	man -	1.57%	1 0						0	0	0	0			ě	0
	Case Unit - Friends and Family Test Would Recommend	January 2018	99.13%	Petruay 2018	97.38%	-1.rahi	7	***********	36.56%	95,00%	96.00%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	98,00%	95.00%	95.00%	96.00	٥	0 96.00
	y Case Unit - Friends and Family Test - Wouldn't Recommend	January 2018	0.14%	February 2018	0.00%	-0.14%	7	Marian	0.41%	98.10%	98.93%	98.24%	98.33%	97.81%	96,50%	97.83%	98.09%	98.71%	94.00%	96.18%	96.30		
	diclogy - Friends and Family Test - Would Recommend	January 2018	93.60%	February 2018	04.27%	0,58%			53.00%	3.10%	3.93%	3.24%	3.33%	2.61%	1.00%	2.83%	3.09%	1.71%	-1.00% 00:15	1,18%	1,3	1	15 00:
	diclogy - Friends and Family Test - Wouldn't Recommend	January 2018	1.17%	February 2018	1/15%	-0.02%	¥	Maria Company	1.19%	00:15	00:18	00:15	00:15	00:15	09:18	00:18	00:15	60:23	60:18	00:15	00	2	15 00:
	mmunity Clinics - Friends and Family Test - Would Recommend mmunity Clinics - Friends and Family Test - Wouldn't Recommend	January 2018 January 2018	1/0.00%	February 2018 February 2018	98.65%	-1.35% 0.00%	1	~	96.43%	1 00:20	00:16	00:19	00:07	00:12	00:24	00:15	00:10	80:08	00:34	00:06		32	32 00: 07 00:
	mmunity Dental - Friends and Family Test - Would Recommend	January 2018	110.00%	February 2018	97.14%	-2.86%	•		47.56%	5 00:06	01:00	01:00	01:00	01:00	01:90	01:00	00:08	90:00	00:07	01:00	00		
	mmunity Dental - Friends and Family Test - Wouldn't Recommend	January 2018	0.00%	February 2018	0.00%	0.00%	4		0.00%	00:52	00:42	00:47	00:49	00:48 00:12	00:49	00:49	00:51	00:58	01:05 00:08	00:57	01	44	44 (64)
į	EQS (Staff, Patient Experience and Quality Standards) - CARING	January 2018	95-20%	February 2018	97,79%	2.58%		·····	55.94%	5.00%	6.00%	5.00%	5.00%	5.00%				5.00%	6.00%				
	sp tal Standardised Mortality Ratio (HSMR)	December 3016	100.04	January 2017	101.32	1.29		· .	Not Applicable	4.95%	0.56%	0.30%	0.57%	6.67%	1.06%	1,09%	1,36%	4.21%	0.97%	8.02%	5.57 0.57	P	7% 8.83 7% 0.83
		November 2017 December 2016 -	42000	January 2017	No.	_		- W	100000000000000000000000000000000000000	5.00%	6.00%	5.00%	8.00%	5.00%		5.00%	8.00%	8.00%	8.00%		8.00		
i	ale Mortality Rato - HSMR	November 2017	3.39%	December 2017	24%	0.05%		~~	Net Applicable	2.20%	1.88%	2.18%	2.07%	1.67%	2,07%	1,94%	1.62%	2,30%	3.06%	2.46%	1.96	ø	1.41
į		June 1016 -	109.07	July 2016 -		-1.06		~~		94:00	04:00					04:00		04:00					
	ntriary Hospital-Level Mortfalty Indicator (SHMI)	May 2017	109.07	June 2017	108.01	-1.00	4	1	Not Applicable	8 64:50	03:59	00:30		05:18	05:28	05:10		65:40	66:31	05:12 01:12	05:	4	.56 G5:
Ì	ade Mortality Partic - SHMI	June 2016 -	3,52%	July 2016 -	2.41%	-0.02%		June	Not Applicable	5 6	6	0	0	0		01,10	0	0	0	0		-	6)
		May 2017		June 2017	0.00%	-92.52%		~~~	12.56%	3		6		- 1	2,0	7	2	- 1	55	56		-	46
7	EQ6 (Staff, Patient Experience and Quality Standards) - EFFECTIVE	January 2018	92.52%	February 2618	0.00			. 200						_								4	_
Ì	ust Complaints - Month Total	January 2018	96	February 2018	79	-17	*	my	837	2 0			-			0	0	0	4	4		è	Ž.
į	gu I Complaints - Informal	Jenuary 2018	70	Petrusy 2015	30	-20	*	my	596			Y											
	2			- 4						0		0	. 0	0		0	0	0	6			0	0
	gu 2 Complaints - Formal Meeting	Jenuary 2018	11	Petrusy 2028	30	-1		S	87				THE	·	•	0	0	0	0		100		
i	iga 3 Complaints - Formal Chief Executive Letter	January 2018	15	February 2018	19	4		my	154	98.00%	98.00%	98.00%	100.00%	98.00%	98.00%	\$8,00%	100.00%	100.00%	98.00%	98.00%	98,0	×	2%
			100%	A 200 CO	10000	-18,00%		mm,	55,60%	0.55%	2.00%	1.42%	2,00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%		2.0	×	*
	Day Compliance Rate	December 2017	40000	Senusty 2018	82%		•	V		100,00%	100.00%	94.00%	20.91%	94.00%	94.00%	94,00%	100.00%	100,00%	100,00%		94.0		25
	EQS (Staff, Patient Experience and Quality Standards) - RESPONSIVE	Jenuary 2018	92.52%	February 2015	94.51%	1.98%	A	-	\$3.07%	6.00%	6.00%	6.00%	-3.09%	6.00%	6.00%	8.00%	6.00%	8.00%	6.00%	6.00%		an.	6%
-	1 - Nursing Workforce Average Fill Rate - Registered Nurses/Midwires	January 2018	81.03%	Februay 2018	82,04%	1.01%	<u> </u>	1	82.77%	88,00%	83,33%	85.00%	85.00%	100,00%	85.00% 100.00%	100,00%	100.00%	100.00%	66.67%		100.0	68	0%
H	SHIF - Nursing Workforce Average Fill Rate - Registered Nurses/Midwives	January 2018	93.81%	February 2018	92.17%	-1.63%	▼	-	52,56%	-18,33%	-1.67%		15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	-18.33%	15.00%	15.0		
A	Y - Nursing Workforce Average Fill Rate - Care Staff	January 2018	101.23%	February 2018	99.91%	-1.32%			111.60%	96.36%	90.00%	90.00%	96.15%	90.00%	100.00%	90,00%	100.00%	97.17%	97.01%	98.05%	90.0	87	8%
1	SHF - Nursing Workforce Average Fill Rate- Care Staff	January 2018	133.11%	February 2018	139.72%	6.10%			122.87%	6.36%	85,00%	85.00%	85.00%	85.00%	10.00% 85.00%	5,45% 85,00%	10.00%	7.17% 85.00%	7.01%	5.45%	7.	18% 50%	18%
	EQS (Staff, Potient Experience and Quality Standards) - WELL-LED	January 2018	95.05%	February 2018	87,50%	7.55%	Ţ	marine,	50.28%	81,60%	89,92%	85,51%	38,40%	77,43%	86,79%	83,86%	87.80%	24,6555	92.59%	68,66%	90.	70%	70%
	rup (stant), Patrionic Experience and Quarity Standards (- WELL-LED	January 2018	50.00%	ratinay 2018	87.50%	-1.30%		1	30,20%	-3.40%	4.92%	98.00%	1.40%	-7.37% 96.00%	96.00%	-1.80% 96.00%	2.80%	-0.17% 96.00%	7.59%	-1.80%		70% 00%	70%
				-	I work was	nor curren	L JI Day (190	m Isulooj	-	100.00%	99.11%	99.70%	98,13%	96,06%	97,88%	97.88%	98.55%	98.55%	96,00%	96,00%	97.	01%	01%
				_	100000			X (0) (1) (1)	Variance Target Actual	4.00% 4.00% 93.00% 93.00%	3.11% 93.00%	3.70% 93.00%	93,00%	93.00%	1,89%	1.65%	2.55%	2.88%	93,00%	1.65%	93.0	115	1%
					New Car	ncer Two w	eek Rule (Ne	w Rules)*	Actual	93,08%	92.61%	91,88%	93,18%	91.46%	94.92%	93,84%	95.53%	93.08%	94.65%	94.43%	95,8	3%	3%
				-			-	24		-3.43% 0.08% 93.00% 93.00%	93.00%	93.00%	93.00%	93,00%	93.00%	93.00%	93.00%	93.00%	1.65%	93.00%	93.00		
					Breast S	ymptomati	c Two week	Rule (New Rules)	* Actual	94,55%	95.84%	94.00%	98,22%	95,74%	97,87%	97.24%	98.27%	96.72%	96,68%	97.29%	19.13		
										-2.25% 1.58%	2.54%	1.00%	5.22%	2749	4.67%	4.24%	5.27%	3.72%	3.68%	4.24%	6.13	ŵ	3%

The importance of focus



S	afety & Quality Dashboard	Mar 2018							
CQC Domain	Indicator	Previous Period	Previous Value	Latest Period	Latest Value	Difference	Trend over previous period	Trend - APR 2017 onwards	2017/18 Total 2017/18 Average
	Emergency Care - Friends and Family Test - Would Recommend	January 2018	93.27%	February 2018	95.73%	2.46%	A		94.32%



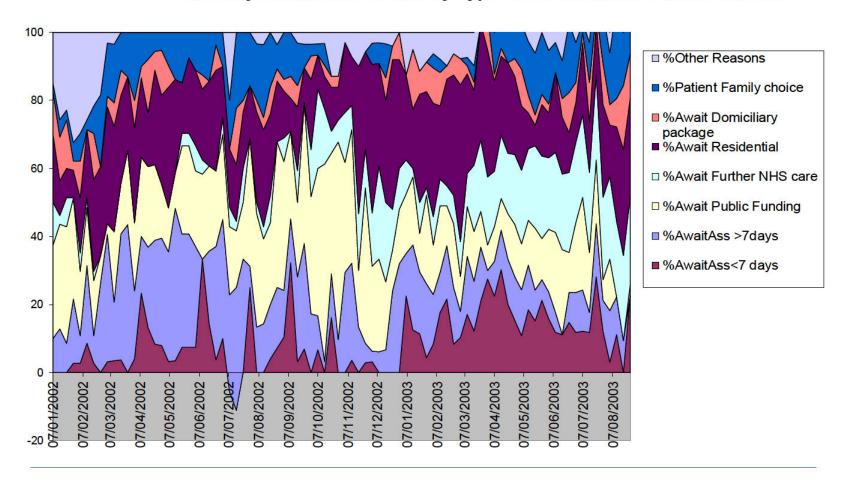
- 7 Family and Friends Test (FFT) (data up to February 2018)
- 7.2 The Trusts 'Would Recommend' for Friends and Family returns increased to 95.76% for February 2018 from 95.36% in January 2018. The percentage of patients who stated they 'Wouldn't Recommend' decreased to 0.85% in February 2018 from 1.07% in January 2018.







% Delayed transfers of Care by Type - source SITREPS 7/1/02-31/08/03





Activities summary from the monthly measures : Mar'02-

	Patients within th scope of the project treated this month				he project	Patients in the project this month agreed Car	t treated under an	first d	n referral to efinitive nt (days)	1st sp	m wait* for pecialist intment	sper	vait* for 1st cialist ntment	appoi	oked ntments new clinics		idmissions new clinics			Team self- assessmen
Pilot sites		Mar 02	change from last month	Mar 102	change from last month	Mar 02	change from last month	Mar 02	change from last month	Mar 02	change from last month	Mar 102	change from last month	Mar 02	change from last month	Mar '02	change from last month	Mar 02		
			0		0	184	-17		-140	45	-2	278	54	14	4	- 21	0			
		8	-1	8	8	741	434	175	-7	123	-4	0	D	0	0	0	-1	2		
		*	0		0		-8		-70		-30		0		0	*	0			
		97	22	17	11		-16	84	0	57	-4	17	2	7	7	0	0	4		
		37	-19	12	6	41	-65	84	0	82	22	0	0	0	0	0	0			
		-	-38		0		-669		-182	4	-123	-	0		-48		0			
		15	0	15	0	294	-34	245	14	84	0	0	0	0	-87	0	0	3		
		366	24	291	3	395	48	55	10	39	-8	0	-379	0	0	0	0	4		
			-46	0	-46	282	-52	235	64	119	0	1217	46	0	0	0	0	4		
		15	2	3	3		0	97	-8	23	1	699	238	6	0		0	3		
		29	-4	9	3	369	53	228	-49	186	37	0	0	0	0	8	8	2		
		18	10	14	9	200	-40	32	1	30	2	0	0	39	2	0	0			
		175	-77	38	-88	172	-1	137	11	45	5	0	D	18	3	0	0			
		25	8	25	8	.1	-1	98	-14	77	14	123	-3	62	-6	14	4	3		
			0		0		0		-618		-106		0		0		0			
		30	12	15	- 5	318	0	89	-155	209	43	0	0	0	0	0	0	3		
		11	-3	0	0	400	90	214	-47	210	13	0	0	0	0	0	0			
			0		0		-416		-297		-91		0	0	-29	9	-9	4		
		12	2	12	2	210	113	306	-250	114	43	0	0	0	0	0	0			
			-4		-4	204	57	222	-445	192	99	0	0	0	0	0	0			
		3	0	3	0	226	-81	322	-195	195	104	0	0	0	0	0	0			



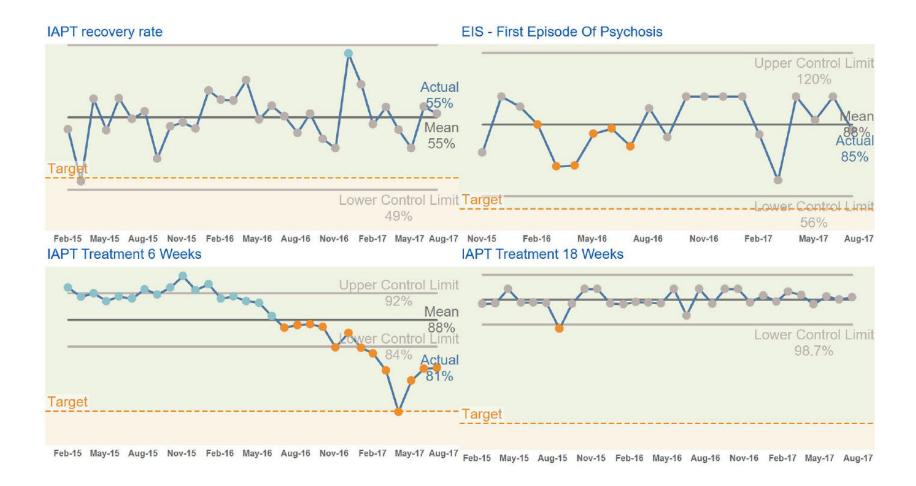
		Safer Staffing Report														
		As	ssessme	nt		Medical			Stroke		Surgical					
		Current month	Last month	Year to date	Current month	Last month	Year to date	Current month	Last month	Year to date	Current month	Last month	Year to date			
	Day fill rate	104	80	99	101	79	104	96	86	87	94	101	104			
A Property of the Party of the	Night fill rate	94	70	101	105	104	93	72	97	100	85	94	71			
	Sickness	20	39	24	30	36	32	39	29	38	27	37	28			
	Vacancy	23	21	35	39	37	37	26	39	21	39	30	21			



Improving Access to Psychological Therapies – performance against target

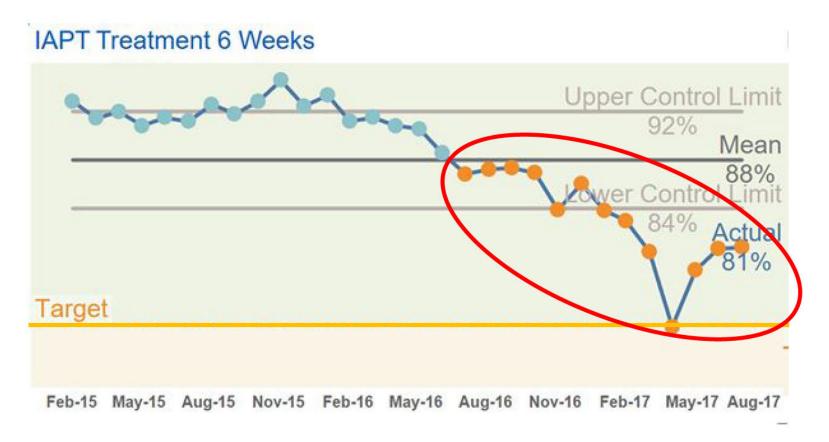
Metric	Target	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
IAPT Treatment 18 Weeks	95%	100.0%	99.5%	99.9%	99.8%	99.4%	99.7%	99.6%	99.7%
IAPT Treatment 6 Weeks	75%	86%	84%	83%	81%	75%	80%	81%	81%
IAPT Recovery Rate	50%	59%	57%	54%	55%	54%	52%	55%	55%
EIS First Episode Psychosis	50%	100%	100%	83%	63%	100%	89%	100%	85%





Making data count

Did green provide true assurance?

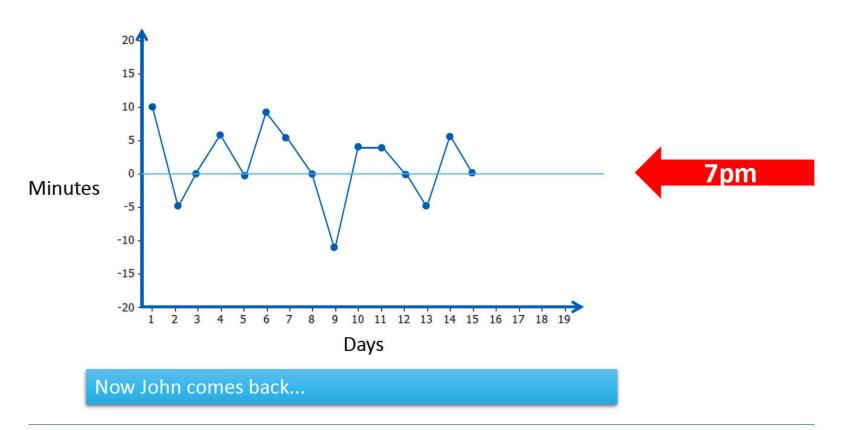


Introducing John and Mary





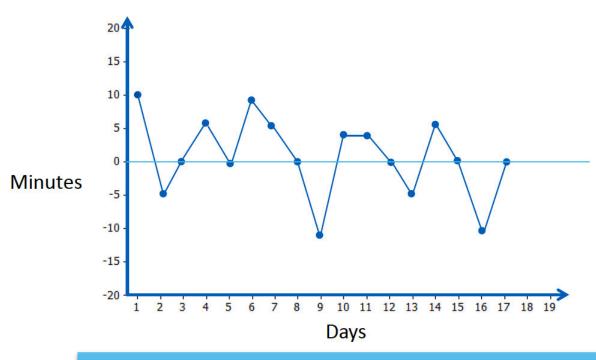








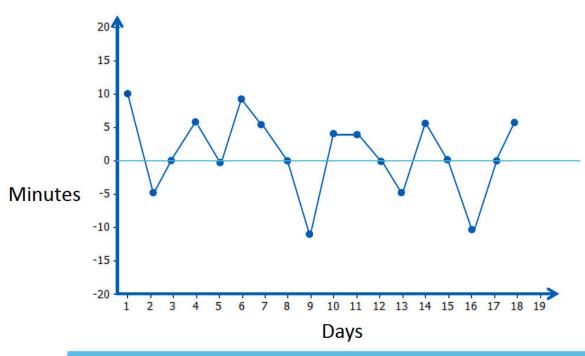




Mary arrives at 19:00.

John asks: yesterday you arrived at 18.50 – why have you arrived at 19:00 today?

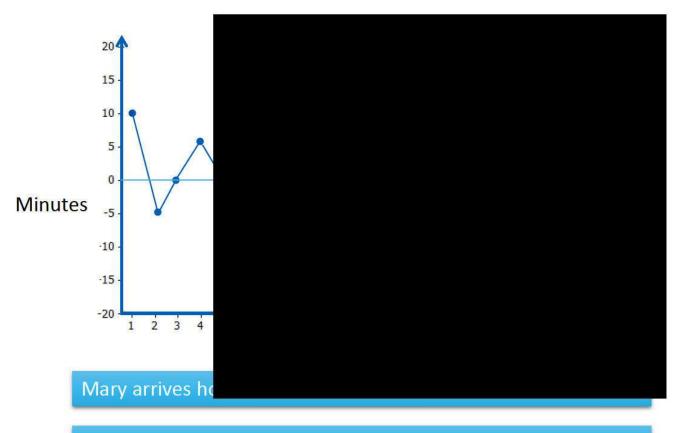




Mary arrives at 19:05

John asks: yesterday you arrived at 7pm – why are you late?

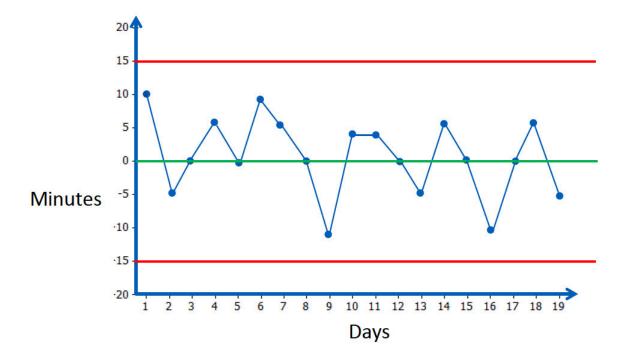




John: Yesterday you arrived at 19:05, why are you early today?

Thoughts on John & Mary?





Frequently seen in the NHS



Spuddling

To make a lot of <u>fuss</u> about <u>trivial</u> things, as if they were <u>important</u>

Tampering



Scenario

We're going to simulate some real data in a healthcare setting

We'll be thinking about how people react to patterns and trends in data

Can you spot an improvement or decline when it occurs? We'll begin plotting our data in a run chart







We now have enough data for robust process limits, lets change our run chart to an SPC chart

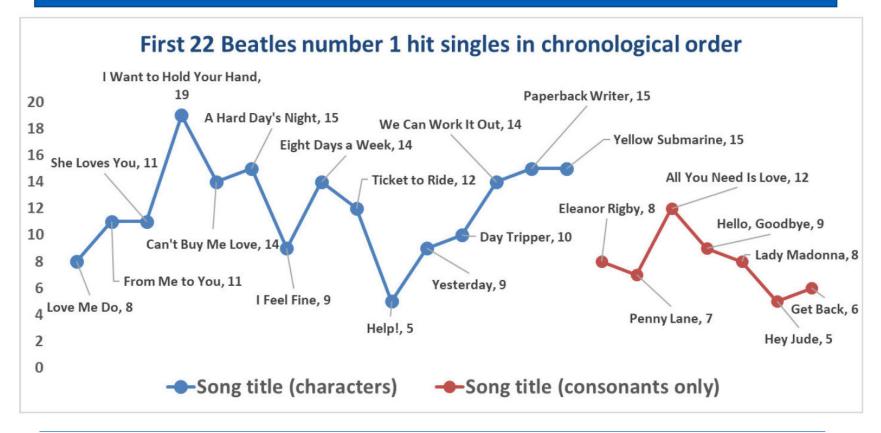




7 points below mean line put your hand if you think the improvement is successful



This data set was randomly generated using the number of letters and consonants in Beatles number 1 singles



Improvement

Strong evidence base

The problem with red, amber, green: the need to avoid distraction by random variation in organisational performance measures

The Problem with...' series covers controversial topics related to efforts to improve healthcare quality, including widely recommended but deceptively difficult strategies for improve-

Jacob Anhøj, Anne-Marie Blok Hellesøe

ment and pervasive problems that seem to resist solution.

Dr. Isrob Antag, Carde for Diagnostic Investigating Rigohospitalet, University of Copenhages, Riegdamuej 9, Copenhages 2100, Desmark экі інопыбарыі

31 March 3016

C Linked

http://dx.doi.org/10.1136/ https://dx.doi.org/10.1136/



To other Arriva A. Hellegue A. 3017;36:81-84.

INTRODUCTION Many healthcare organisations now

track a number of performance measures like infection and complication rates, waiting times, staff adherence to that focuses and aligns improvement guidelines, etc. Our own organisation, work and stimulates the use of data at all The Capital Region of Denmark, pro- levels of the organisation while leaving vides healthcare for 1.7 million people and runs 6 hospitals and 11 mental health centres. Measures of clinical quality have been widely used in our region locally at hospitals and departments for many years. Recently, our region started to systematically define and track strategical key performance to graphical data displays that use colour measures also at the top management coding of individual data values based on level. Approximately 25 measures on a wide range of subjects from hospital infections to public transportation are being tracked by the top management and the Regional Council.

The measurement strategy for hospitals involves a bottom-up approach allowing each hospital and department to, if needed, define its own performance measures that feed into one or more of the overall measures. For example, bacteraemia is one of the overall measures, and some acute-care departments, who rarely see hospital-acquired bacteraemia, have started to work on reducing the use of bladder catheters in order to reduce the risk of bacteraemia from catheter-related urinary tract infections diagnosed after their patients have been transferred to dents per month. Red bars show months other departments. To support their work, they have developed a handful of below target. measures that track the use of catheters and staff compliance with standard proce-

dures related to catheter use.

We welcome this development very much. The choice of relatively few overall measures combined with the bottom-up approach is a helpful strategy room for meaningful local adaptations of performance measures.

However, we do not at all welcome the widespread use of red, amber, green approaches to data analysis that is everywhere in our organisation.

By 'red, amber, green', we are referring whether this value is on the right (green) or wrong (red) side of a target value. Often amber or yellow is used to indicate data values that are somewhere between 'right' and 'wrong'.

The problem with red, amber, green management is that at best is it useless, at worst it is harmful.

THE PROBLEM WITH RED, AMBER, GREEN

Figure 1 was captured from the February 2015 report on regional performance measures. It shows the monthly count of a certain type of unwanted incident in mental healthcare. The horizontal line represents the target value of 10.5. That is, we do not want more than 10 inciabove target. Green bars show months

The data display in figure 1 is formally correct (green is better than red). However, it fails to convey a very

Anhe; I, Hofman A-ME. 8MF Quel Saf 2017;26:61-84. doi:10.1199/bmpp-2015-004951



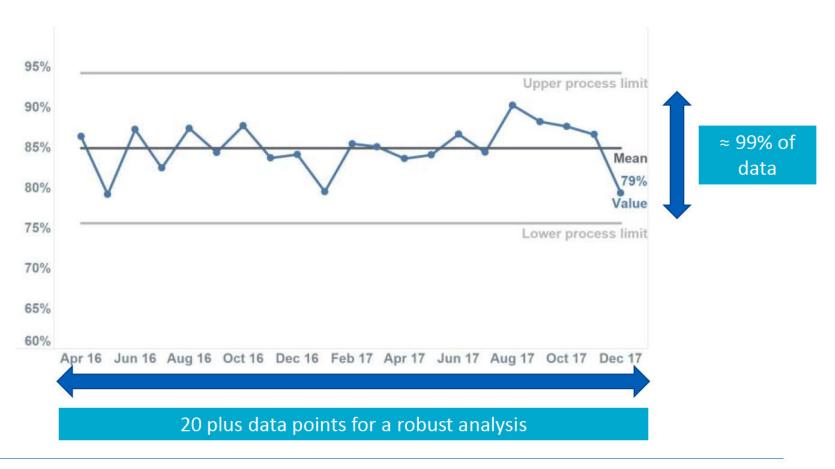
BMJ

23 | Making data count

The anatomy of a SPC chart



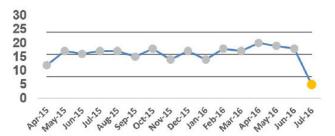
Time series line chart with 3 reference lines



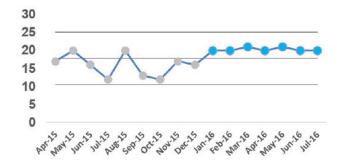


SPC rules: special cause variation Imp

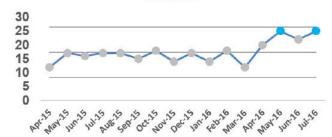
A single data point outside the process limits



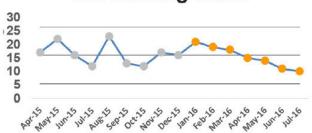
Shift of points above / below mean line



Two out of three points close to the process limits



Run of points in consecutive ascending / descending order



Improvement

Why is 7 points significant?

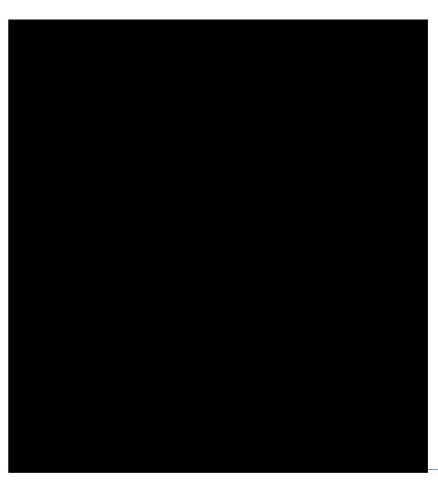
A trend of 2 has the probability of 25% occurrence (one in four)

A trend of 4 has the probability of 6.25% occurrence (one in sixteen)

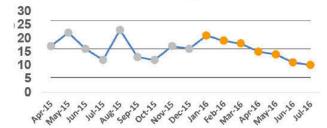
A trend of 6 has the probability of 1.56% occurrence (one in sixty-four)

A trend of 7 has the probability of 0.8% occurrence (one in one hundred and twenty-eight)

If there is special cause.....

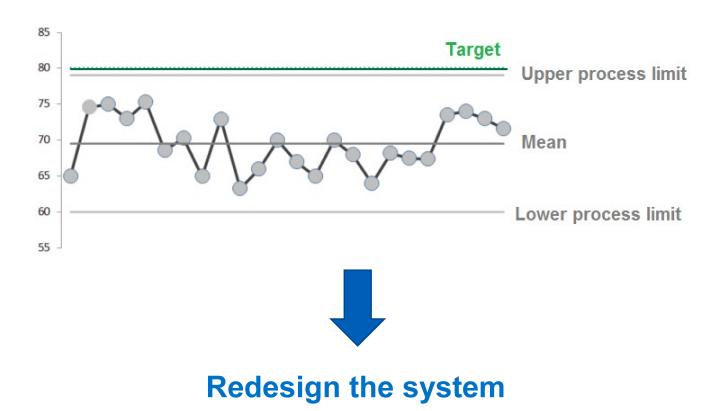


Run of points in consecutive ascending / descending order





In control but unacceptable variation (common cause variation)



Has the change worked?

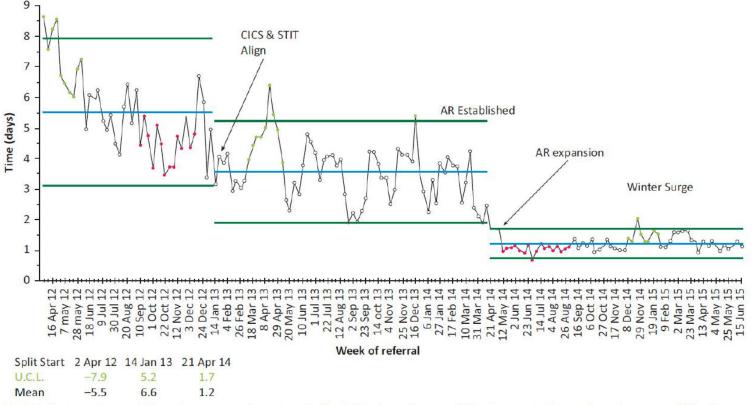
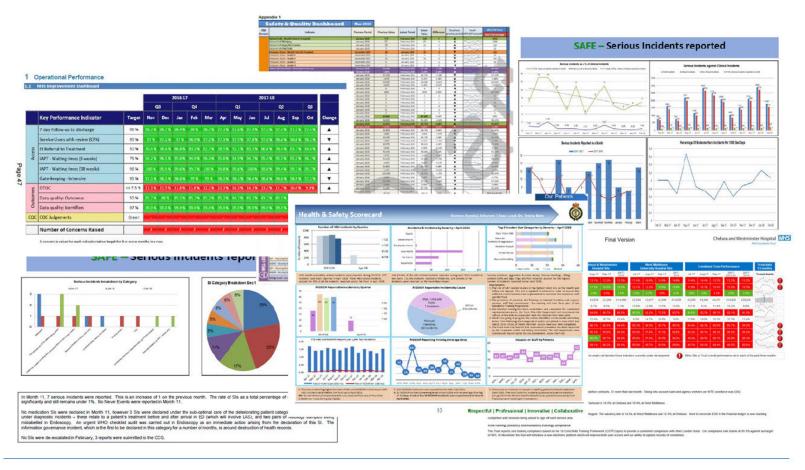


Fig 2. Reducing patient wait for active recovery from a hospital bed. AR = Active Recovery; CICS = Community Intermediate Care Service; STIT = Short Term Intervention Team

What extra insight could SPC provide?



What do you think when you see this?





Presentation influences discussion

Mandatory Training





Can you spot improvement?

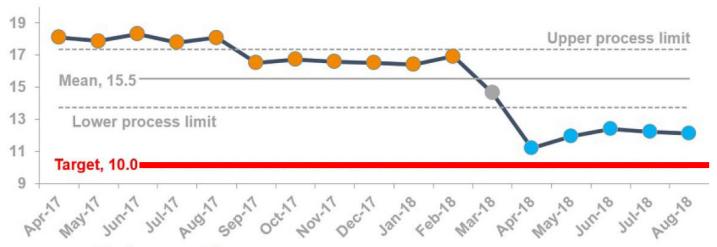
Turnover trust wide (target 10%) source ESR

This remains high for a number of factors, which includes service decommissioning and termination of a number of fixed term contract worker across numerous operational and corporate services.

		Quai	ter 1		Quarter 2							
Apr-17	Apr-18 May-17 May-18		May-18	Jun-17	Jun-18	Jul-17	Jul-18	Aug-17	Aug-18			
18.08%	11.19%	17.86%	11.95%	18.31%	12.40%	17.91%	12.20%	18.15%	12.10%			



Improvement through the red



Turnover trust wide (target 10%) source ESR

This remains high for a number of factors, which includes service decommissioning and termination of a number of fixed term contract worker across numerous operational and corporate services.

	*	Quar	Quarter 2							
Apr-17	Apr-18	May-17	May-18	Jun-17	Jun-18	Jul-17	Jul-18	Aug-17	Aug-18	
18.08%	11.19%	17.86%	11.95%	18.31%	12.40%	17.91%	12.20%	18.15%	12.10%	

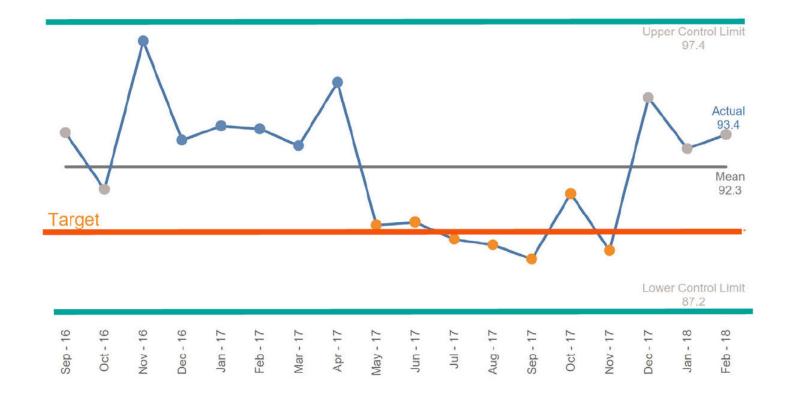
Encourages knee jerk reactions?



Caring Standards	Month 10	Month 11	Month 12	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	FYTD Actual	YTD Targe t	Trend on Mont h
Friends and Family Test - % Likely to Recomm A&E	end 93.7	93.6	93.%	95.24	90.2	90.3	89.7	89.5	89.0	91.31	89.8	94.7	92.9	93.4	90.49	90.00	4

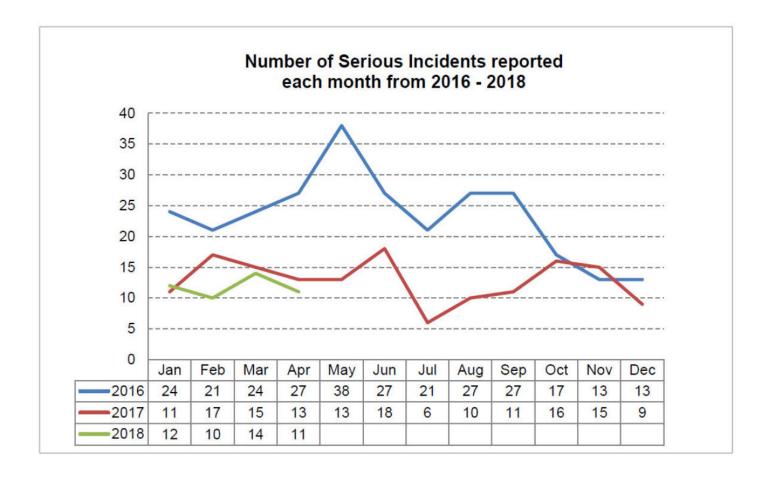
System not capable



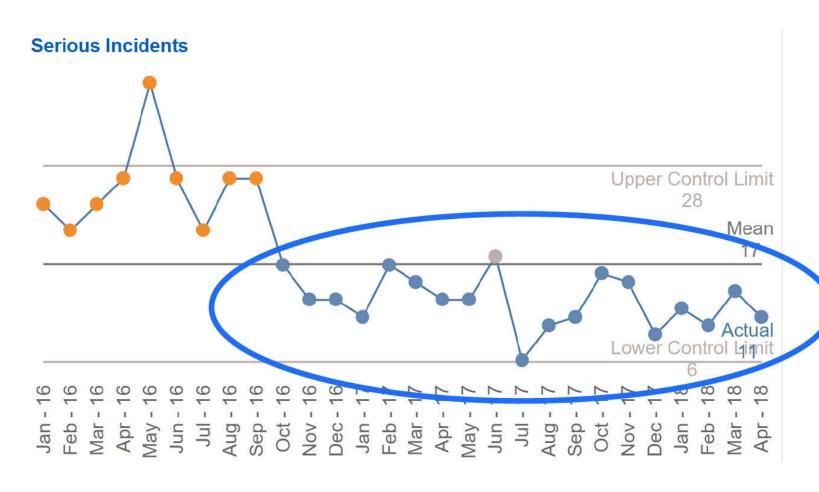




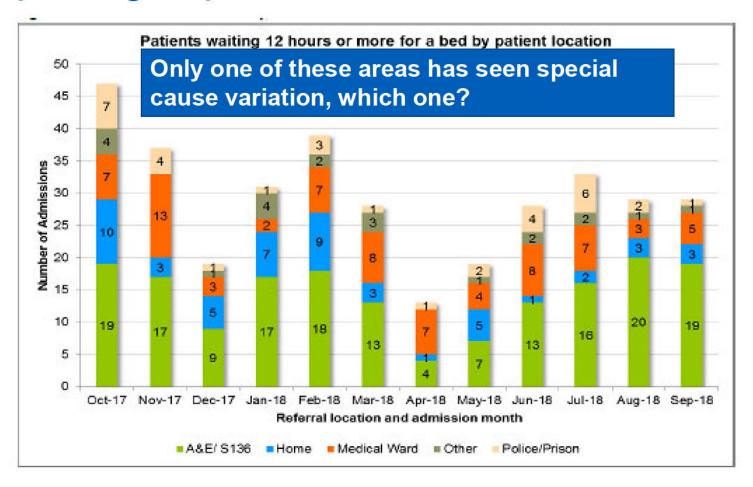
Serious incidents: 3 years



Improvement (?)

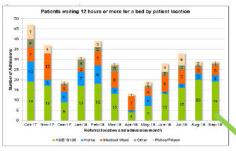


Spotting improvement and decline

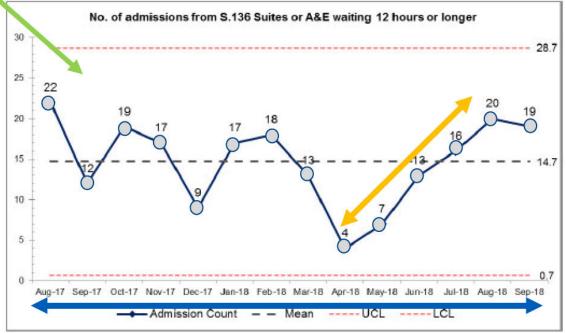


Was it green?



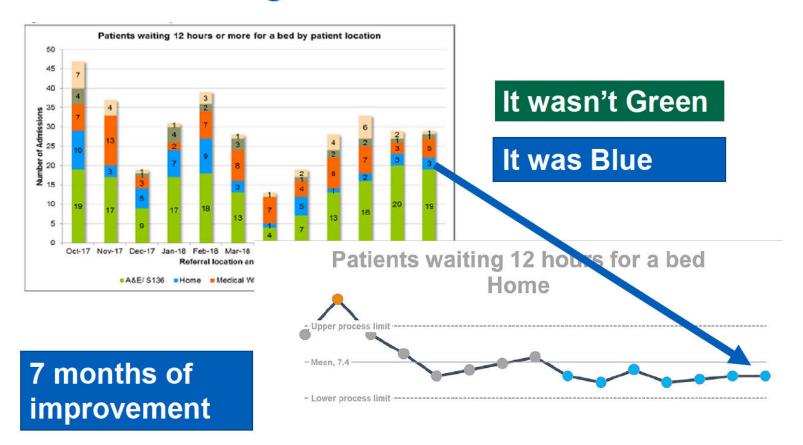


Is this significant? Count the dots....

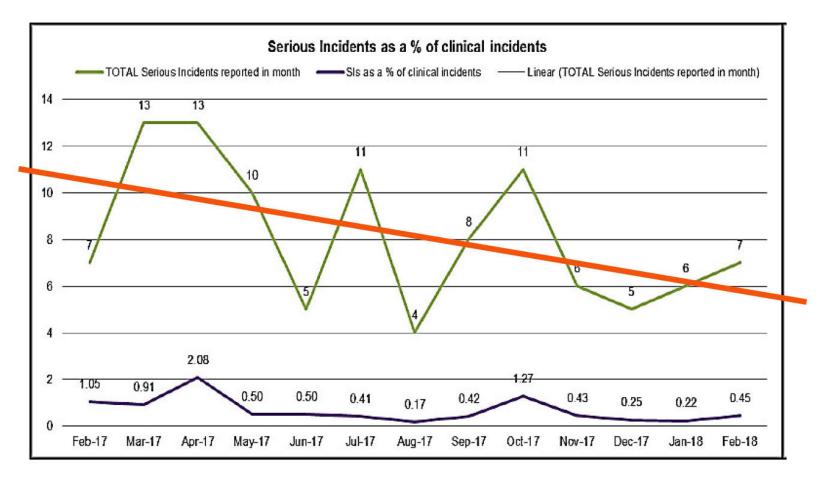


What was significant?

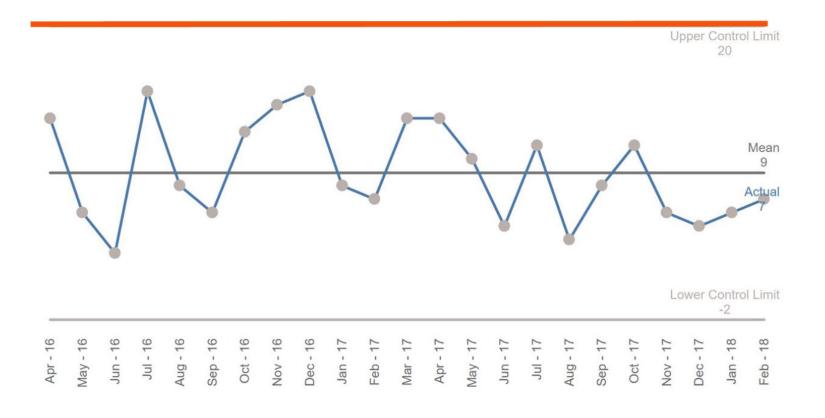




Are things improving?

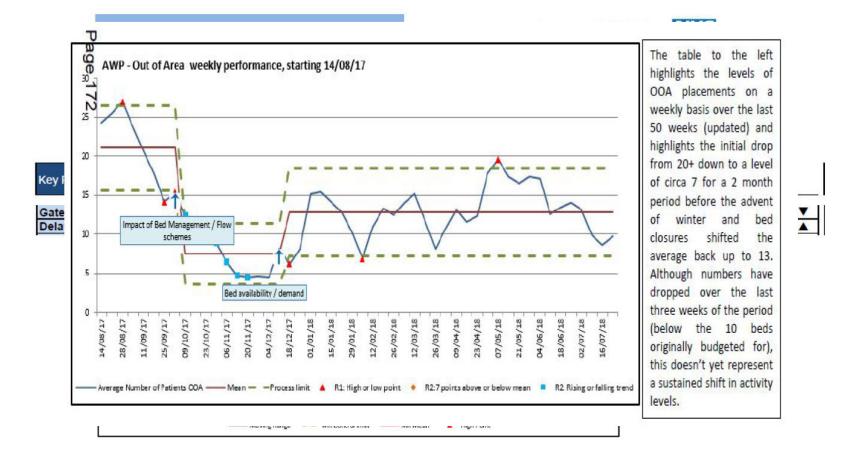


20 serious incidents a month acceptable? Improvement





Changes being made at Avon



Dorset Healthcare

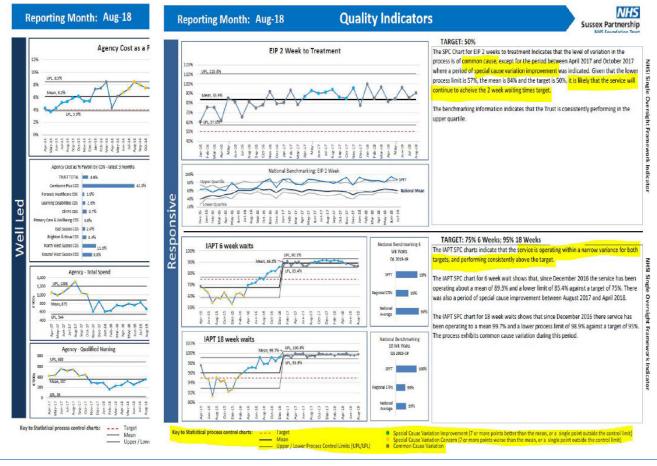


A new shift pattern was introduced in September 2017 and this improved the average DToC performance. However, SPC analysis shows that as the mean is 12.4% and the data is predicted to vary between 5.1% and 19.8% the Trust is unlikely to consistently achieve the threshold. Progress sheet 2.2.2 details improvement actions being taken.

https://www.youtube.com/watch?v=tHUMLtlJxGw

14.07 and 01.13 with a mean of 30

Sussex Partnership Trust



https://www.sussexpartnership.nhs.uk/sites/default/files/documents/v4 final papers - public board of directors - 26 september 2018.pdf

Alternative summary report



Improvement

What could good look like?



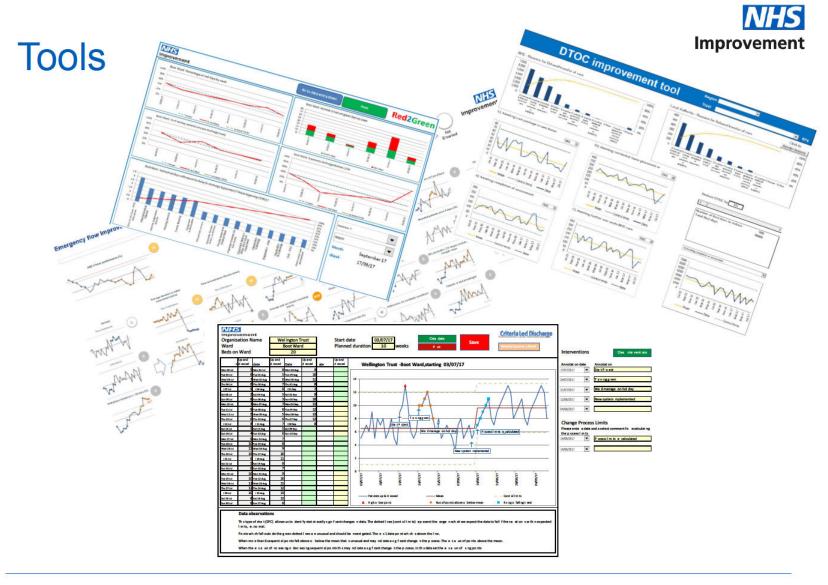
For those indicators that cause concern – ability to find out more and ask questions of the



SPC SOF dashboard

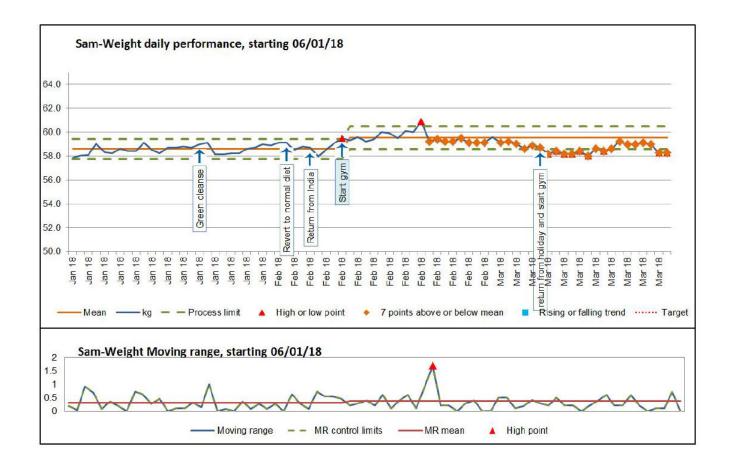


	A&E performance	July 2018	(a/ha	87.4	95.0	84.1	88.8	93.5	Common cause variation which is the type of variation expected
Operational performance	A&E Quarter Performance	July 2018	√∽	87.4	95.0	85.3	88.1	91.0	Common cause variation which is the type of variation expected
	Cancer GP Performance	June 2018	(n/ha)	78.9		73.9	83.7	93.6	Common cause variation which is the type of variation expected
	Cancer NHS Performance	June 2018	(m)	68.8		65.3	89.6	113.9	Common cause variation which is the type of variation expected
	Diagnostic Performance	June 2018	H	0.8		-0.5	0.3	1.0	Special cause variation (on the high side of the scale) - investigate understand the cause
	RTT Performance	June 2018	⊕	90.2	92.0	88.9	90.6	92.2	Concerning special cause variation (on the low side of the scale) - investigate to understand the cause $$
	Cdiff - Infection Rate	June 2018	(H)	19.5	0.0	13.5	15.9	18.3	Concerning special cause variation (on the high side of the scale) investigate to understand the cause
	Cdiff - Variance Plan	June 2018	(a/Apr)	-1.0		-4.2	1.2	6.6	Common cause variation which is the type of variation expected
TT	Perform	ance		Jun 201			(0)	9	90.2 (92
TT	Perform	ance					(°î	(90.2 (92.
TT	Perform	ance				00.2	10.0	9	90.2 () 92.
	Milles Santages	2018 June	(3.a)	201		89.1	70.0	91.1	
	FFT - Community	2018 June 2018 June	S	201 09.2 95.9		89.1	96.3	103.5	Common cause variation which is the type of variation expected
	FFI - AGE	2018 June 2018 June 2018	0	201					Common cause variation which is the type of variation expected
Quality of care	FFT - Community	2018 June 2018 June	S	201 09.2 95.9		89.1	96.3	103.5	Common cause variation which is the type of variation expected
	FFT - Community FFT - Inpatient	2018 June 2018 June 2018 June		201 95.9 94.9		89.1 89.3	96.3 95.0	103.5	Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected
	FFT - Community FFT - Inpatient FFT - Maternity Qtr2	2018 June 2018 June 2018 June 2018 June 2018 March		201 95.9 94.9 97.6		89.1 89.3 92.9	96.3 95.0 97.3	103.5 100.6 101.7	Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected
	FFT - Community FFT - Inpatient FFT - Maternity Qtr2 FFT - Staff MRSA -	2018 June 2018 June 2018 June 2018 March 2018 March	\$ \$ \$ \$	201 95.9 94.9 97.6 70.8		89.1 89.3 92.9 68.6	96.3 95.0 97.3 76.1	103.5 100.6 101.7 83.6	Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Special cause variation (on the low side of the scale) - Investigate
	FFT - Community FFT - Inpatient FFT - Maternity Qtr2 FFT - Staff MRSA - InfectionRate	2018 June 2018 June 2018 June 2018 June 2018 March 2018 June June June June June June June June		95.9 94.9 97.6 70.8		89.1 89.3 92.9 68.6 0.6	96.3 95.0 97.3 76.1 0.9	103.5 100.6 101.7 83.6	Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Special cause variation (on the low side of the scale) - investigate understand the cause Special cause variation (on the low side of the scale) - investigate
	FFT - Community FFT - Inpatient FFT - Maternity Qtr2 FFT - Staff MRSA - InfectionRate MSSA NRLS -	2018 June 2018 June 2018 June 2018 March 2018 March 2018 March 2018 May		201 95.9 94.9 97.6 70.8 0.7		89.1 89.3 92.9 68.6 0.6 7.1	96.3 95.0 97.3 76.1 0.9 8.5	103.5 100.6 101.7 83.6 1.1 9.9	Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Common cause variation which is the type of variation expected Special cause variation (on the low side of the scale) - investigate understand the cause Special cause variation (on the low side of the scale) - investigate understand the cause Special cause variation (on the high side of the scale) - investigate



Free SPC tool

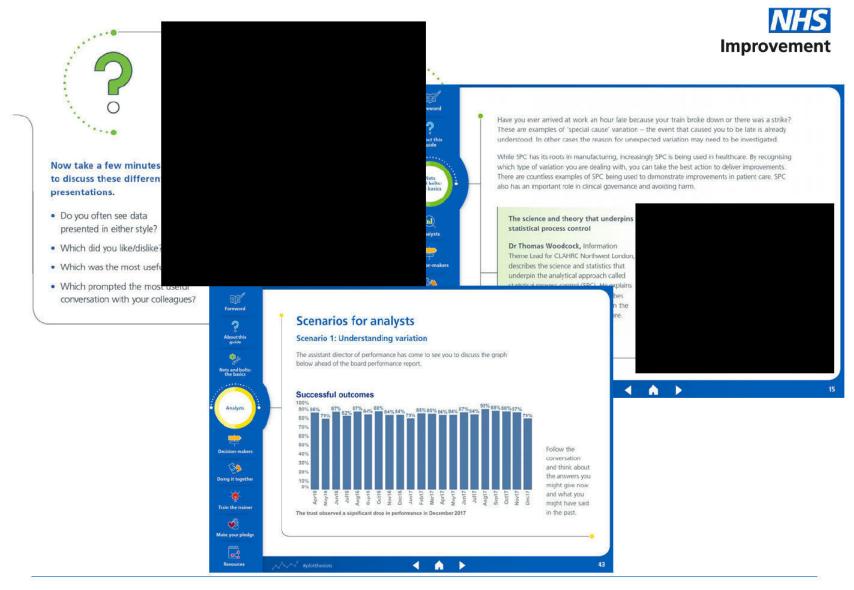




https://improvement.nhs.uk/resources/making-data-count/







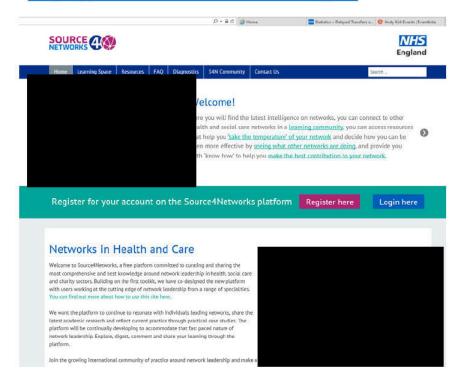


Making Data Count network



To register go to:

https://www.source4networks.org.uk





SPC has provoked new questions & made us realise the key issues that we should be discussing

Huge added value – a game changer

All Trusts should do this. It's like switching the light on so you can see the data



