Supplementary 5 - Making Data Count Powerpoint (2)



Making data count

- the why, the how and the experience so far

6th July 2018

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Partnership NHS Trust

trust

innovation



Where are we now?

		Apr 17	Nage of Street	1 2	QTR1	¥ 7	Aug 17	D 000	GTR 2	88	17	9 17	QTR 0	Jan 18	Feb 8
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	Vatacce	2.19%	2.19%	212%	224%	1,17%	1.14%	2.12%	1,01%	2.74%	2.20%	1,23%	2.04%	1.00%	6.01% 1.2
(TT Incomplete pathways walt (Median)	Actual	7.2	5.4	5.3	72 54	72	7.2 6.3	7.2 5.4	7.1 5.4	5.4	7.2 5.4	7.2 6.7	5.7	1.2	5.1
	Vetaice	-1.0 38.00	25.00	-1.8 28.00	-1.0 25.00	23.00	23.00	21.00	28.04	28.06	28.04	28.00	28.00	2800	28.00
TT Incomplete pathways walt (32nd percentile)	Actual	15,60	15,10	15.40	15.10	17,400	17,40	16.38	17.06	11.76	16.04	17.00	95.10	17.30	18.10
	Variance	-12.40	-11.79	-11.60	-11,90	-11.00	-11,02	-11.79	-11,01	-15.00	-12.04	-11.00	-1190	1970	-9.20
TT Incomplete pathways >52 week walt	Actual	D				-								0	
and the Control of th	arger	16,00%	BA 3076	0 DE 100%	15,00%	55,(05)	15.00%	64.00%	10,10%	65.005	95.00%	95.00%	98.00%	94.00%	98.00%
mergency Care 4th standard	Actual	97.7 1%	96,10%	96.93%	10.24%	10.13%	17,51%	16,60%	W-80%	96.09%	96.71%	94.00%	94,10%	95.36%	97.63%
	Vatarce	2.71%	3.10%	3.93%	3,24%	3.13%	2,01%	00:13	2,63%	00:15	1.71% 00:16	-1.00% 00.15	1,18%	1,34%	267%
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&E Time to Initial Treatment (Median) - Type 1	Target	01:00	91:10	91:00	91:00	01:00	01:00	O 1100	01.00	01:00	01:00	01:00	91:00	91:00	91:00
ac Time to Initial Treatment (Median) - Type I	Actual Variance	00:49	00:12 00:16	00:42 00:18	00:47 00:13	00:40 00:11	01:48 01:12	90:49 90:11	00;45 00:11	00:01	90.01	00.00	10.03	90.01	00.54
ar and an artist to the Town	arget	5.00%	5.00%		5,00%	5.10%	5,00%	5.00%	5.00%	5.00%	\$.00%	5.00%	1.00%	1.00%	5.00%
&E unplanned returns within 7 days - Type 1	Variance	0.41%	4.95% -0.05%	0.56%	0.30%	0.57%	3.075	1.06%	1,00%	1.36%	4.78%	1.97%	1.02%	6.67%	0.62%
5. left without being seen - Type 1	age.	5.00%	8.00%	5,00%	5.00%	5.10%	5,00%	5,00%	5.00%	1.00%	5.00%	5.00%	1.00%	1.00%	2.00%
or an annound seen - the t	Vetage	2.62%	2,50%	3.10%	2.62%	213%	3335	2133	3.00%	1,16%	2.30% 2.70%	1,94%	2.04%	2.0476	2,0174
&C Time to departure (05th percentile) - Type 1*	Actual	04:00	04:00	93.29	04.00	04:00	94:00	04:00	0.00	94:00	04:04	04.00	14:06	84:00	94.90
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	Verteere			-000		100			-	-		- 4		- 1	- "
iumber of ambulance handovers between	Target	0	6	- 6		7 2						¢		0	6
mbulance and A&E waiting more than 90	Autori	0			1							- 4	- 4	- 4	- 1
ninutes***	Value		-										-		
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iew Cancer 31 days subsequent Treatment (Drug	Tage	10.00%	10,00%	10,00%	10,00%	10.10%	10,00%	99,00%	\$9,00%	10.00%	59.00%	91,02%	96.00%	96,01%	_
herapy*	Verland	2.00%	98.50% 0.56%	2,00%	1425	2.10%	2,00%	2.00%	2,00%	100.00% 2.00%	2.00%	2,00%	2.00%	100,00%	
lew Cancer 31 days subsequent Treatment	Tanan	94.00%	14.00%	34,005	14.00%	14.10%	14.00%	94.00%	64,00%	94,00%	94.00%	\$4.00%	94.00%	\$4,00%	
Surgery)*	Verterre	8.00%	8.00%	430%	8,00%	3.10%	8,00%	8.00%	8.00%	8.00%	£.00%	108.00% 8.00%	8.00%	4.76%	
iew Cancer 62 days (consultant upgrade)*	Arrival .	REDOK	BEADS.	88,00%	18 30%	16.10%	15.00%	85.00%	86.00%	86.00%	85,00%	\$E.00%	35.00%	85.00%	_
and contain to surject (community upply man)	Vatarce	-	-1833%	-1.87%	The same of	15,10%	15,00%	15,00%	15,00%	15.00%	15.00%	-11.33%	15.00%	16,00%	
iew Cancer 62 days (screening)*	Farpel Acres	10,00%	10.00%	10,00%	10,00%	90.60%	90.00%	90.00%	90,00%	90.00% 100.00%	99.00%	98.00%	94.00%	96,06%	
	Variance	5.65% 85.00%	638%	8115	6.61%	85,10%	0.015	10,00%	5.65	11.00%	85,00%	7.01%	1.46% 85.00%	2.18%	
iew Cancer GP 62 Day (New Rules)*	Actual	\$4,89%	\$1,60%	89.92%	45,51%	88,40%	85.00% 7.553	86,79%	83,30%	85.00%	84.83%	92.50% 7.50%	81.56%	96.76%	
	Variance	-0.31% P6.00%	-3.40%	4.92%	95,00%	1.10%	7.17%	1.79%	4.80%	2.80% 96.00%	4.17%	7.50%	-1.80% 94.00%	6.70%	
iew cancer current 31 Day (New Mutes)*	Actual	100.00%	100.00%	29.15%	19,70%	16,13%	96,06%	97,89%	\$7,68%	96.65%	96.55%	99.15%	98,30%	97,01%	
	Variance	4.00% 93.00%	4.00%	3,11%	3,70%	13,(0%)	13,00%	1.89%	1.65%	2.66%	93.00%	93.00%	1.65%	92,01%	
iew Cancer Two week Rule (New Rules)*	NOW	89.57%	20.00%	82,01%	11,60%	92,10%	12,10%	94,10%	\$9,64%	99,53%	93.00%	94,0276	94.40%	95,0179	
	Variance	-3.43% 93.00%	93,00%	-0.39% 13.00%	13,00%	93,69%	13,00%	1,62%	9,84%	90,00%	93.00%	93,00%	93,00%	2,81% 93,05%	_
reast symptomatic two week rule (New Rules)*	Actual	10.75%	94,55%	15.54%	14.00%	55.12%	15,74%	W.47%	\$7.26%	98.27%	98.72%	95.65%	97.29%	20,12%	
Data collection, validation and reporting processes prevent these at	Valuece	-2.25%	1.55%	2,54%	1.00%	5.12%	2,145	4.67%	4.24%	5.27%	3.72%	3,68%	4.20%	6.12%	

	Indicator	Previous Period	Previous Value	Latest Period	Letest	Difference	Transferor	Trend -	2017/15 Tota
main	Enteret Fells - Niceth Cotal (In-Fospika)		1/3		Value 129		DESMON BOLOS	AHI 2017 onwards	1917/18 Aven
	Patentifals North Edw (In-Hospital)	Secury 1008	918	Telesay2012 Telesay2012	317				133
	ExtentEd ligury NO Footore	Interney 1018	29	February 2015	31	1		2000	129
	POTENTPHENICUM	Jen cery 1008	- 1	retriary 2114	1	-2		1	20
	Pressure Uterry - Month Total (in-Scopital)	Documber 2017	30	January 1019	24	2	7		286 M
	Pressure Uliver Seeie 2	Decertion 2017	23	January 1008	10	2	•	and the same	162
	Pressure Utiers- Sinde 8	December 2017	- 1	Bruary 1008	- 2	4	7	4/44	16
	Pressure of time Canada Safety Thermonater Treat-term Free Cara	Dosenke 21:17	1	Jenuary 1018	. 1	9	4		2 2 2
	Safety Termonister: Touti-lam Free Cara Safety Termonister - Irus Novi Basti	Satury SRS	CRAFF	Followay 2013	0). kt/K	1.08		7/2/2	18.70%
	Safety Democrater - Dual Service II and Con-	Inches III a	07.105	Televary2012	2.63	3,365	N/A		173%
	Safety Thermometer - In-hospital New Harm	BJULYRUINS	2,875	February 2013	0.21%	3,18%		~~~	2.50%
	Saffety Thermometer - Out of hospital liero free Core	January 1000	99.59%	Fatmery2616	96.50%	0.01%			30,00%
	Safaty Thermonater - Cur of Nospital New-Harm	381199/1018	0.41%	February 2015	0.41%	0.00%		200	1.01%
	rener courses Trust Compliance with Automat Safety Alexes	innery local	100%	February 2016	10000	0.00%	- 1		201.00%
144	Continue officie (: 68)	January 1018	3	fetrary201	- 2	-1	-	man	306.07%
۳	Nethods reside Salylosocat Arisa (MSA)	Service 1000	- 1	roleway 2011	1	1	- 1	morning	-
\$	Alerhiotin-Sensitive Staphylococcus & unsur (MISA)	faculary titus	- 1	February 2011	2	1		and water and	91
二	Schericha Coli (Lest)	January 101.9		February 2011	- 1	- 4		- water	193
3	Michael a special taxteraces is (May op)	Jet vary 1016	36	February 2833	1	- 6	*	-	37
-	Presidentina se upinosabadevario (Pira) trus vasemina eggene companso (N)	BJ01 yearing	90,000	February2011	97,90%	0.00%	7		5 10%
_	SPROE Staff, Dutlort Separation and Quality Standard; SUFF	forcery (60.9	66.576	Followy 2013	93,30%	2,926		Lake plants	642191
= 1	Total - irresds and family Fest - Would be connected	BID VENEZUE	56.30%	felussy2fts	96.76%	0.005			45,003
	Total - Triesds and Family Fest - Woulder's Recommend	Netway 1008		firtinary2688		0.22N	(2)		LHN
	te-patient - Friends and Family Test - Would Recommend	301 (46)161	54.30%	Felmay2011	94.76%	0,46%	A		1346%
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	Materially - Friends and Furnity Test - Would recommend	Jenuary 1008	29,179	reiria y 2111	96.653	1,0429			17,4171
	Managerity Friends and Family Test Would Historyment	January 1608	8.40%	Fabruary 2834	0.00%	0.426		Marian	0.7466
	Curs patients - Briands and Family Fact - Woold Recommend	B301 Wester	94.77%	Foliany2015	94.45%	0.94%	-	A	43 1350
	Cut-paners - friends and runny last - Wouldn't Recommend	Jernary 1018	1,07%	repriery 2013	2.21%	1.15%	₩.		Low
4	casy cases unit - mends and namely rest would becommend	amony and	29.22%	retracycus	21.00%	-1. refs		ALA.	16,34%
≝ :	Day Countible - Francis and Consty Test - Worshirls Commissional	leaving ISSE	0.18%	Intrusy3818	nack.	81.86		Ach Au	nanc
畐	Radiology - Friends and Family Test - Would Recommend	January 100.8	10.0%	February 2021	91.27%	0.88%	4	A Contract	11.05
5	Radiology - Pitenis and Parally Test - Wouldn't Recommend Comments Clinics - Entendaged Family Test - Would Recommend	Jenuary 1008	10000	February 212.1	20.63%	0.02% 1.38%		CHARLES THE PARTY	5640%
ニ	Community Clinia: Priends and Family Text - Wouldn't Recommend	January 1608	1,005	February 2815	VI.00%	0.006	-		0.236
	Community Devital - Friends and Family Test - Mould Recommend	January 1008	180006	February 2011	90.18%	29%	¥	THE PERSON NAMED IN	12599
	Community Destal - Friends and Family Test - Wouldn't Recommend	Servery 1008	0.90%	february2016	0.00%	-0.0006	4		0.00%
	SPAGE (Staff, Putient Expenseus and Quality Standards) - CARRIG	January 1018.	95.36%	fateury 2011	93,795	2.53%			15.90%
	Pospital Stanfardisce Nortality fields (HSNIII)	December 2014	200.04	anuny 2017	191.51	1.25		N	Not Applicable
		November 2017 December 2016 -		Describe 2017	Diameter Control	-		-	
₹.	Crude Horsetty Rato - HSMR	November 2017	2.2%	Desgraber 2017	245	0.95%		~~	Not Applicable
	Sunman Horpital-level Mortlaty Indicator (SHVII)	New 2016	106.07	1.0/ 2016. 10/ 9231	338.01	-1.06		M	Not Applicable
5	crude storality Patro- sews	June 10.6-	sark	July 2016-	4465	quark	•	The	NEApplicable
~	SPEGS Staff, Putient Experience and Quality Standards - EFFECTIVE	Wey 2017 2012/7/2018	50.52%	Folimay2ff1	0.00%	.92525			12.56%
12	Trust Complaints - Month Total	Persony 2004	96	Followy 2016	71	47	-	V-7VV	137
	Sage & Gorphania - Informal	Arrany 2004	77	Poir say 2014	20	-87	-	- M	104
Ē	PARTON STATE OF THE STATE OF TH			-	20		-	7	
2	Rogo 2 Complaints - Formal Marking	latuary ICER	н	Fairney 2002	7	- 1	10.55		
3	Grage 9 Complaints: Formal Chief Everunius Letter	forkary IOCR	15	Followay 2005	25			mare	151
	Zi Day Compilance Sate	December 2017	100%	RID! yauns	12%	-18/00%		N. /	35.60%
2/3	SPECS Chaff, Publish Experience and Coality Standards - RESPONSIVE	Incusey 100.0	50.50%	Talenty 2010	34.51%	1.96%		2	120%
a	CAY - Nutting Moridotte Everage Fill Rate - Registered Numer/Additives	January 1609	81.52%	February 2015	280.08	1.01%	4	7	12.7%
3	NGHT - fruiting Worlforce Average FIT Fate - Registered Number/Midwires	January 1018	50.81%	February 2011	93.17%	1,62%	-	-	12,36%
á	DAT - NUISING WORKLOOK EVERIGE HIS KATE - CATE STUTT	DOLLARY STATE	101,705	reicavyzna	Marine Si	0.52%		erretary,	111.00%
	NGHE - husing Workforce Average FEE Eate- Care Staff	January 2018	120,000	fetrary201	120,126	5.10%			121.60%
Đ	SPECES STOPE DETECTION OF A STOPE STOP STOPE STOPE STOP STOPE STOPE STOPE STOPE STOPE STOP STOP STOP STOP STOP STOP STOP	torcary little	66.606	formay/mi	83,696	7.666	÷	and and and a	40.30%

Making data count

Where are we now?



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



- 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.
 - Making data count

Caring



Poll 1

What best describes your current integrated performance for the board :

- Mainly RAG charts
- A mixture of RAG and time series data/spark lines
- Presence of SPC charts

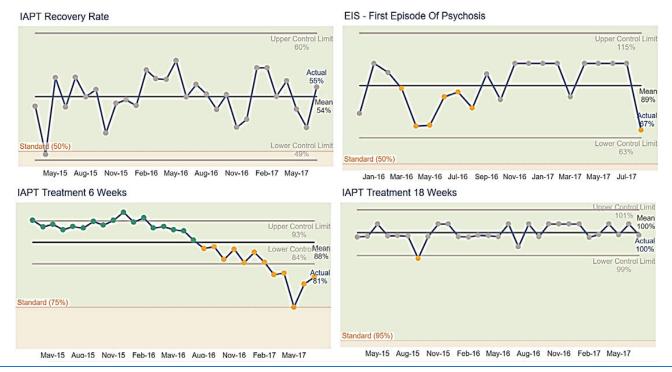




Improving Access to Psychological Therapies – performance against target

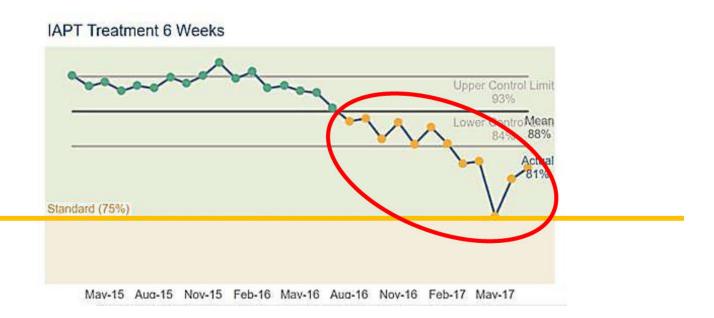
Metric	Target	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
IAPT Treatment 18 weeks	95%	99.8%	99.5%	99.9%	99.8%	99.4%	99.7%	99.6%	99.7%
IAPT Treatment 6 weeks	75%	86.3%	84.1%	83.3%	80.9%	74.9%	79.5%	81.1%	81.2%
IAPT Recovery Rate	50%	59.3%	57.0%	54.0%	55.3%	53.6%	52.2%	55.3%	54.8%
EIS First Episode Psychosis	50%	100.0%	100.0%	83.0%	62.5%	100.0%	89.5%	100.0%	85.0%





Did green provide true assurance?





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**.



Improvement

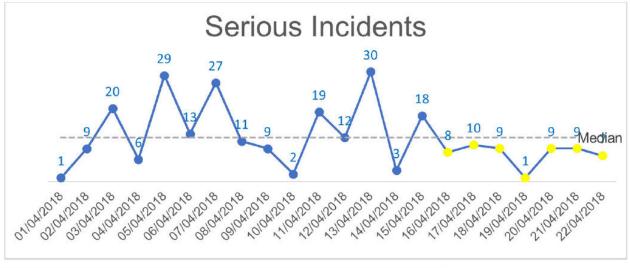
Reducing serious incidents



Are you worried you might have seen this pattern before?

Making data count

Improvement idea

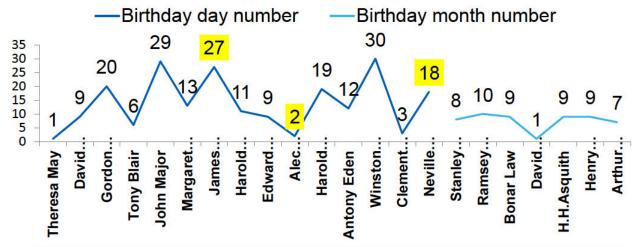


Now seven days below the baseline median...
We could go on... when should we recognise a trend?



The data that created this scenario

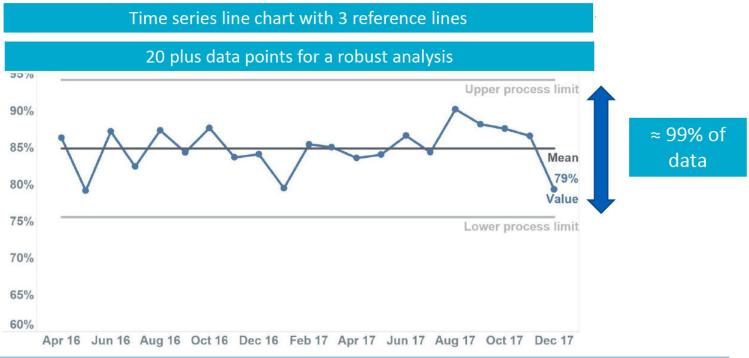
Prime ministers birthday's - random variation



Any patterns at these points were randomly generated, then I changed the rules of the scenario....

Anatomy of a SPC chart

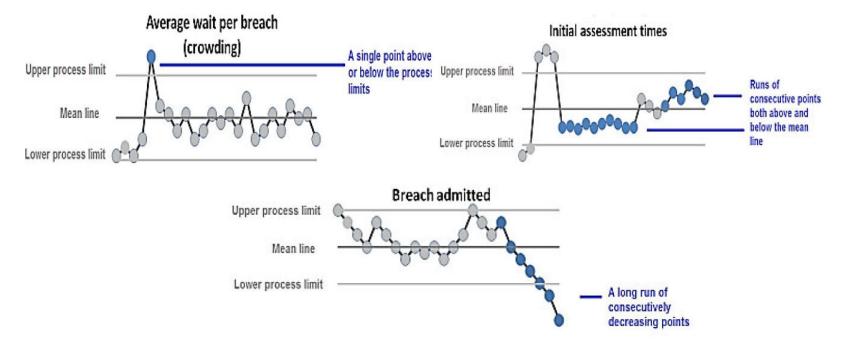




Making data count

SPC rules





Why is 7 significant?

Improvement

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

Evidence base

Public health

Bristol, Shipman, and clinical governance: Shewhart's forgotten lessons

Mohammed A Mohammed, K K Cheng, Andrew Rouse, Tom Marshall

During the past century, manufacturing industry has achieved great success in improving the quality of its products. An essential factor in this success has been the use of Walter A Shewhart's ploneering work in the economic control of variation, which culminated in the development of a simple yet powerful graphical method known as the control chart. This chart classifies variation as having a common cause or special cause and thus guides the user to the most appropriate action to effect improvement. Using six case studies, including the excess deaths after paediatric cardiac surgery seen in Bristol, UK, and the activities of general practitioner turned murderer Harold Shipman, we show a central role for Shewhart's approach in turning the rhetoric of clinical governance into a reality.

During the past century, manufacturing industry has achieved great success in improving the quality of its products. In industry, the definition of quality is "on target with minimum variation". Reduction of variation is also a core concern in clinical governance;2 however, there are fundamental and profound differences between the ways in which health services and industry make sense of variation. We begin with an illustration of the industrial approach to understanding and controlling variation, followed by application of this approach to health care, using six clinical governance case studies: mortality rates after paediatric cardiac surgery in Bristol, UK; mortality rates in older women treated by the general practitioner and convicted serial killer Harold Shipman; success rates of in-vitro fertilisation (IVF) treatment; neonatal deaths; prevalence of coronary heart disease in primary care; and mortality after fractured neck of femur.

Common-cause and special-cause variation Consider a process such as writing a signature. Five of MAM's signatures are shown in the left of figure 1. Although these signatures were produced under the same conditions and by the same process, they are not identical. However, although they show variation, the

signatures on the left are identical. No signature is better or worse than the others. If we want to reduce the variation between signatures, we must change the way we write all signatures, not just the ones that fail an adequate test. Thus, conventional approaches to understanding variation from a stable system can misguide us to act on individual failures rather than acting on the underlying

Now consider the sixth signature, on the right. It is clearly different from the others. A casual look suggests that there must be a special reason why this is so. If we want to address this kind of variation, we need to identify this special cause and prevent it from interacting with an otherwise stable process. (In this case, the signature is a forgery, attempted by TM under the same essential

conditions!) This approach categorises variation according to the action needed to reduce it. Common-cause variation is intrinsic to the process. To decrease common-cause variation, we need to act on the process. Special-cause variation is the result of factors extrinsic to the process, and its reduction therefore requires identification of and action on the special causes. The originator of these fundamental concepts was a physicist and

engineer-Walter A Shewhart.3 His pioneering work at

THE PROBLEM WITH...

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

Jacob Anhoj, Anne-Marie Blok Hellesøe

Centre for Diagnostic Investigatin, Rigshospitalet University of Copenhagen Copenhagen, Denmark

Dr. Jacob Anhai, Centre for Diagnostic Investigatin. Rigshospitalet, University of Copenhagen, Bleodamsvei 9 Copenhagen 2100, Denmark, jacob@anhoej.net Accepted 18 January 2016

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To cite: Anhei J. Hellesee A

'The Problem with...' series covers controversial topics related to efforts to improve healthcare quality, including widely recommended but deceptively difficult strategies for improvement and pervasive problems that seem to resist solution.

INTRODUCTION

Many healthcare organisations now track a number of performance measures like infection and complication rates, waiting times, staff adherence to guidelines, etc. Our own organisation, The Capital Region of Denmark, provides 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 measures also at the top management 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 other departments. To support their work, they have developed a handful of measures that track the use of catheters and staff compliance with standard procedures 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 that focuses and aligns improvement work and stimulates the use of data at all levels of the organisation while leaving 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 to graphical data displays that use colour coding of individual data values based on 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.

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 incidents per month. Red bars show months above 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

MB. BMI Oual Saf 2017;26:81-84. BMI

Anhal J. Hellesae A-MB. BM/ Qual Saf 2017:26:81-84. doi:10.1136/bmiqs-2015-00495





15 | Making data count



CQC - signs of a mature QI approach

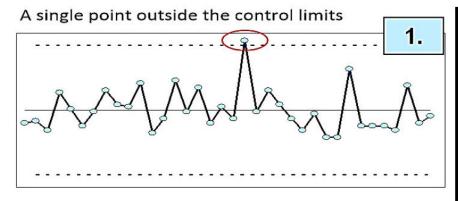
3. The Board looks at data as time series analysis, and makes decisions based on an understanding of variation.¹

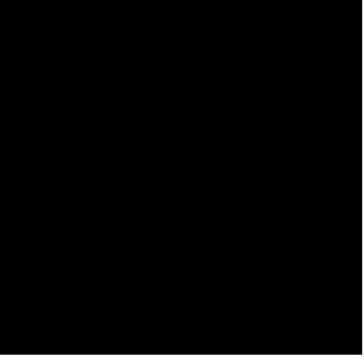
https://www.cqc.org.uk/sites/default/files/20180404 9001395 briefguidequality improvement healthcare provider%20v1.pdf

¹ data are presented as run or control charts, instead of bar graphs, pie charts or RAG rated. Narrative analysis describes system quality and performance using terminology of common cause and special cause variation.

If there is 'special cause'

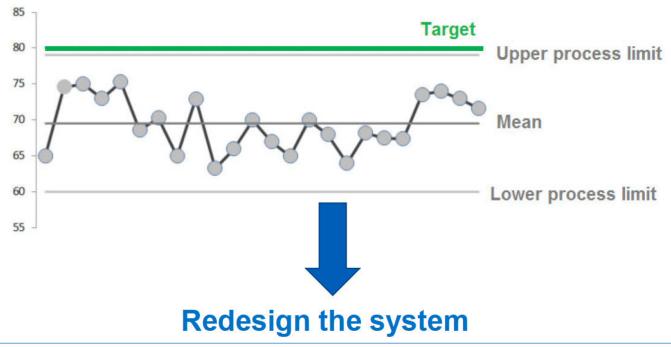






Unacceptable variation





Making data count

Everything is failing?



											Combined Trust Performance				
Domain	Indicator	△ Jul-17	Aug-17	Sep-17	2017- 2018	Jul-17	Aug-17	Sep-17	2017- 2018	Jul-17	Aug-17	Sep-17	2017- 2018 Q2	2017- 2018	Trendcharts
Training	Mandatory training compliance (Target: >90%)	85.4%	86.1%	85.5%	84.6%	85.2%	86.5%	85.7%	85.1%	85.4%	86.2%	85.6%	85.7%	84.8%	Name of the last

Presentation influences discussion



Are things improving?



Patient Experience Dashboard





Friends and Family Test - A&E recommend %

The recommend rate improved from the previous month however remains below the 90%.

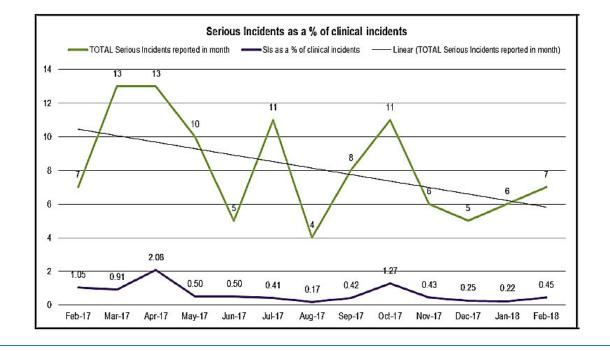
SPC changes the narrative





Making data count

Serious incidents





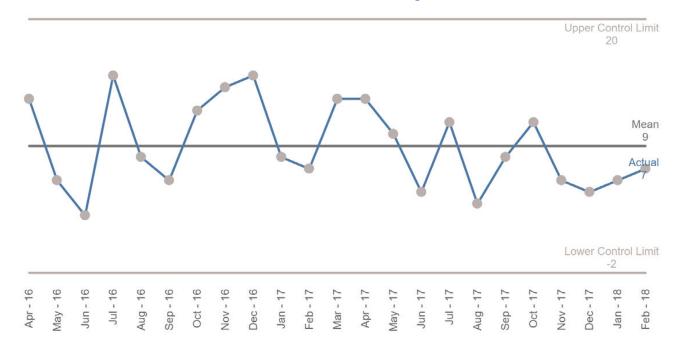
Poll 2

The number of serious incidents occurring is:

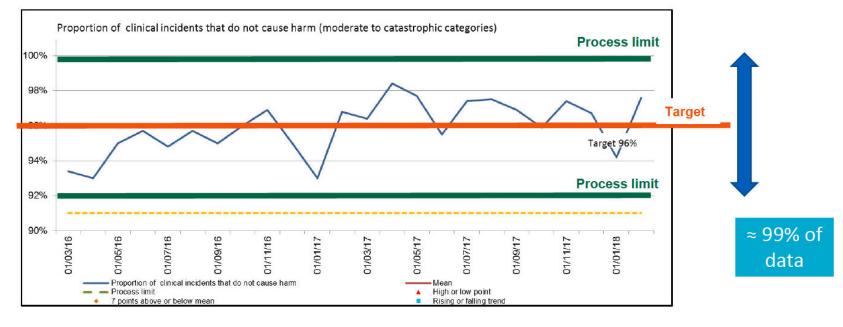
- Improving
- Declining
- Staying the same



Level of variation acceptable?



Will the target always be achieved? Improvement



Thinking outside the box

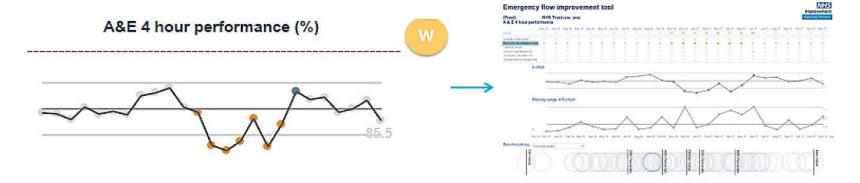


Variation Indicators



SPC Appendix

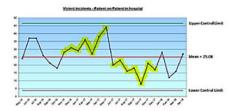




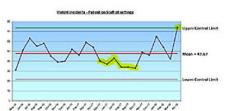
Supporting contextual commentary

What is changing?

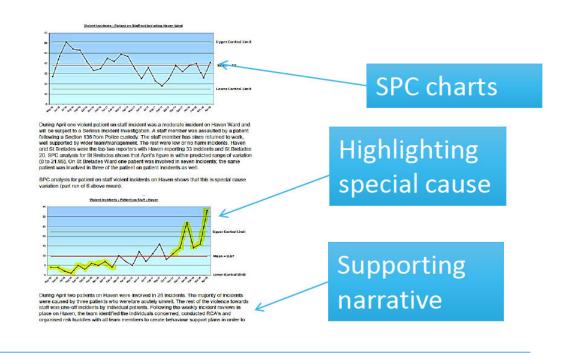




There were 74 patient on staff violent incidents reported trust wide. SPC analysis shows that this is a special cause variation as it is outside of the predicated range for the number of monthly incidents.



Further analysis shows that both the number of incidents on Haven Ward and Haven incidents as a proportion of total incidents is increasing. When Haven Ward is excluded from the total figures for the Trust the number of incidents is stable and predictable; it will range between



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14.87 and 61,13 with a mean of 38.

Dorset Healthcare's SPC Journey





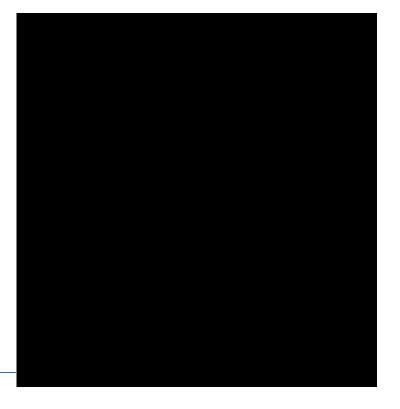
Advice to others





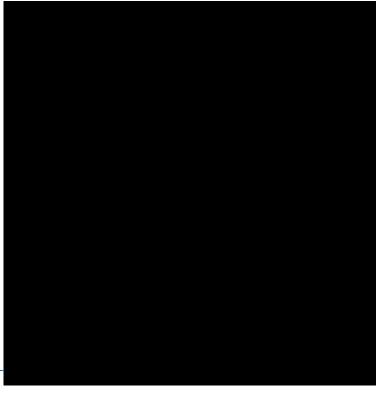
Don't forget the PORC

In the excitement of introducing SPC and putting control limits on your charts don't lose sight of the utility and accessibility of the 'Plain Ole Run Chart' (PORC)



Top table exclusive

The top table at the feast always used to get the best food. Are SPC and Run Charts seen as rich fare only for the nobs on the top table? Are they routinely used in the front-line?



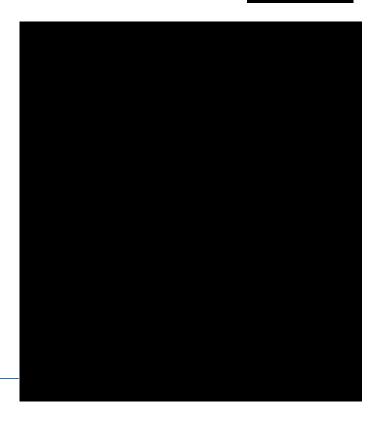
New hammer syndrome

To someone with a new hammer everything looks like a nail! Not everything is appropriate for SPC or a Run Chart

Cargo Cults

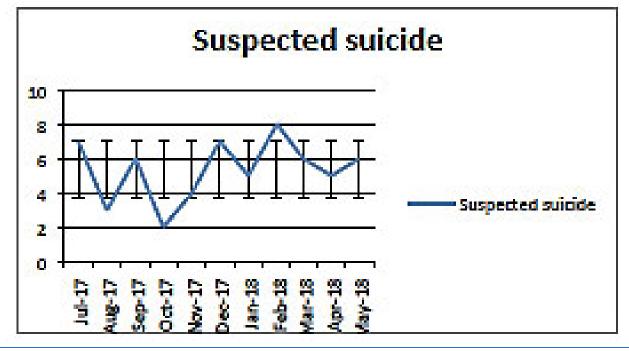
Measure it and something will happen. More about Cargo Cults here:

https://en.wikipedia.org/wiki/ Cargo cult





Cargo cults – an example



Where's Wally?

Just how many charts can you cram onto an A4 page? If you cannot even read the legend without a magnifying glass then what is the point? How do you identify the chart(s) that indicate significant change in that crowd?



How many angels on the head of the

SPC pin?

Watch the newly minted SPC experts start to argue about how many points constitute a shift, a trend, a run – how many points to calculate control limits, sampling etc







https://improvement.nhs.uk/documents/2748/NHS MAKING DATA COUNT FINAL.pdf

.0 | Making data count

ACT Academy



https://improvement.nhs.uk/d ocuments/1241/QSIR-A5-4pp.pdf



Poll 3

Which statement best describes how you feel about your performance report:

- I am confident that my report supports effective decision making
- I am concerned that my report may not focus discussion on the most important issues
- I need time to reflect on today's session





Poll 4

Please rank the following in order of priority – which of these will be most helpful?

- Test a different approach to regulation
- Implement a regional train the trainer programme
- Establish regional networks
- Facilitate mechanisms to share learning
- Providing analytical products to aid decision making



