Sandwell and West Birmingham Hospitals NHS Trust

Board Level Metrics & IQPR Exceptions

INTEGRATED PERFORMANCE REPORTING – AUGUST 2022

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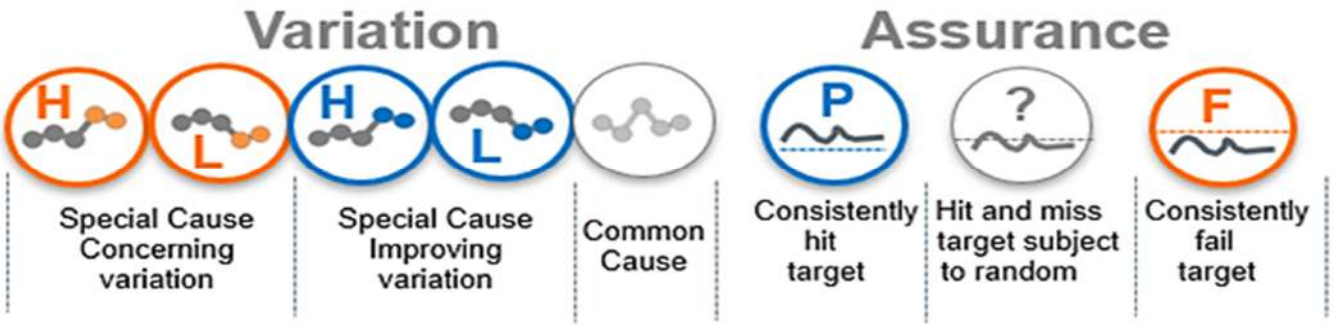
Board Level Metrics	Development Update

Domain	Finalised	Amendment / work to be done.
Patients	SHMI, Complaints per 1000 WTE Patient safety incidents, Patient Safety (Moderate Harm or above), Doctor - vacancies, Nurse band 5 – vacancies Friends & Family Test (FFT) Recommended % Performance Against Capital Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s) Performance Against Cash Plan (Variance to Plan - £000s)	
	Emergency Care – 4 hour wait, Cancer 62 Day. RTT Incomplete Pathway (18 weeks), Ambulance Handovers over 30 mins.	New Indicators – regarding Ambulance turnaround times. We have obtained ambulances handovers overs taking more than 30 minutes. We are working on obtaining intelligent ambulance conveyances.
People	Pulse Survey , Turnover Monthly ,Staff Survey	
Population	2 Hour Community Response Admission Avoidance Readmissions within 30 Days Rate per 1000 Bed Days, Days Exceeded Target Discharge Date	
MMUH	Occupied Bed Days, Geriatric Bed Days, Cardiology Bed Days	A meeting has taken place regarding Community contacts target.

Board Level Metrics – Patients/People | Variation / Assurance

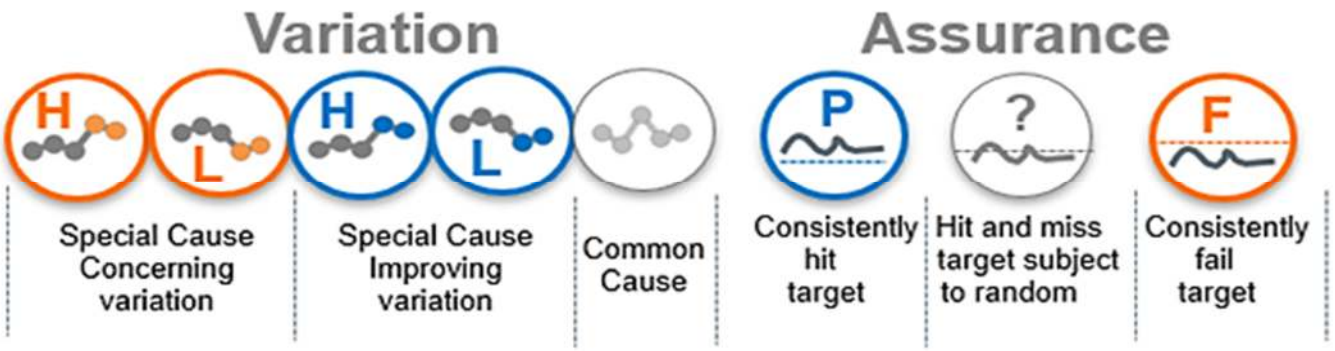


The matrix below shows how each metric is performing:

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

		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**			Emergency Care Attendances,	Nurse Band 5 Vacancies
	Common Cause		SHMI, Patient Safety (Moderate Harm or Above) , Turnover(Monthly), Complaints per 100 WTE,	Pulse survey	Performance Against Capital Plan (Variance to Plan - £000s), Performance Against Cash Plan (Variance to Plan - £000s) Performance Against Income & Expenditure Plan (Variance to Plan - £000s), FFT Combined Score,
	Special Cause : Concern		Patient Safety Incidents, 62 Day Cancer,	Emergency Care 4-Hour Waits, RTT-Incomplete Pathway(18-Weeks), Sickness Absence, Doctor Vacancies ,	Ambulance Handovers

Board Level Metrics Population/MMUH | Variation / Assurance



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		Assurance			
		Pass	**Hit & Miss**	**Fail**	**No target**
Variation	**Special Cause: Improvement**		Emergency Readmissions within 30 days , 2hr Community Response,		
	Common Cause		Occupied Bed Days Admission Avoidance, Cardiology Bed Days		Days Exceeded Target Discharge Date, Pathway 1, Pathway 2, Pathway 3, Pathway 4
	Special Cause : Concern			Geriatric Bed Days	Pathway 0

IQPR / Board Level Metric Exceptions

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

Areas of Concern

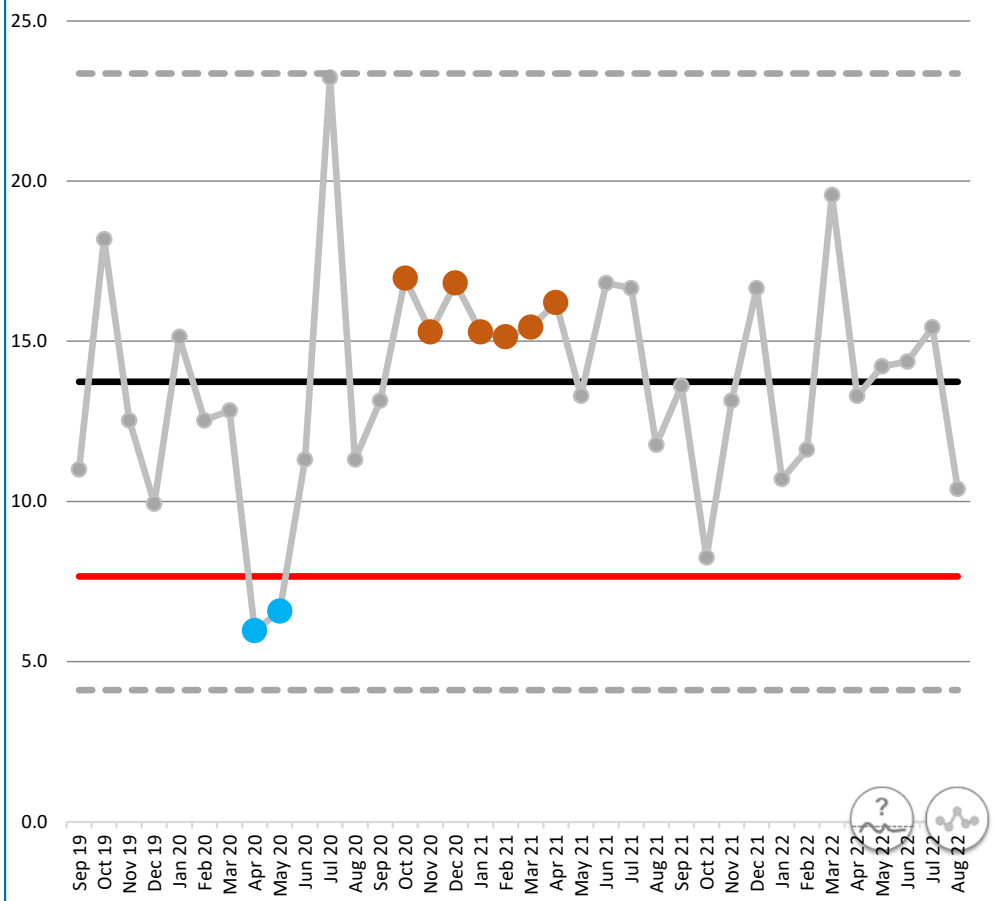
- **C.Difficile (Post 48-hours):** We reported 7 C.Difficile cases in August which is the highest we have seen over the last 12 months.
- **Pressure Ulcers Present on Admission to SWBH**: There was 144 Pressure Ulcers Present on Admission to SWBH which is highest we have recorded to date.
- **No of Second or Subsequent Urgent Operations Cancelled:** We reported 1 subsequent urgent operations cancelled for a second consecutive month, prior to this the last time we reported a second urgent cancellation was Dec 21'.
- **62 Day (referral to treat from screening):** In July we failed to meet the 85% target (84.2%). In the previous 3 months we were reporting above 90%.
- **RTT Backlog:** An increase of 2005 patients on the RTT Backlog was observed in July (23695) in comparison to the previous month.
- **MRSA Bacteraemia (Post 48 hours):** In August 22' we have recorded 1 MRSA Bacteraemia (Post 48 hours), this is the first time we have seen a case over the last 18 months.

Areas of Good Performance

- **Emergency Care 4-hour breaches**: From the previous month, there was a decrease of 1,151 4-hour breaches.
- **Emergency care Trolley Waits >12 hours**: In August there was 11 Emergency Care Trolley Waits greater than 12 hours, compared to the previous month when there was 22.

Patients

Complaints per 1000 WTE

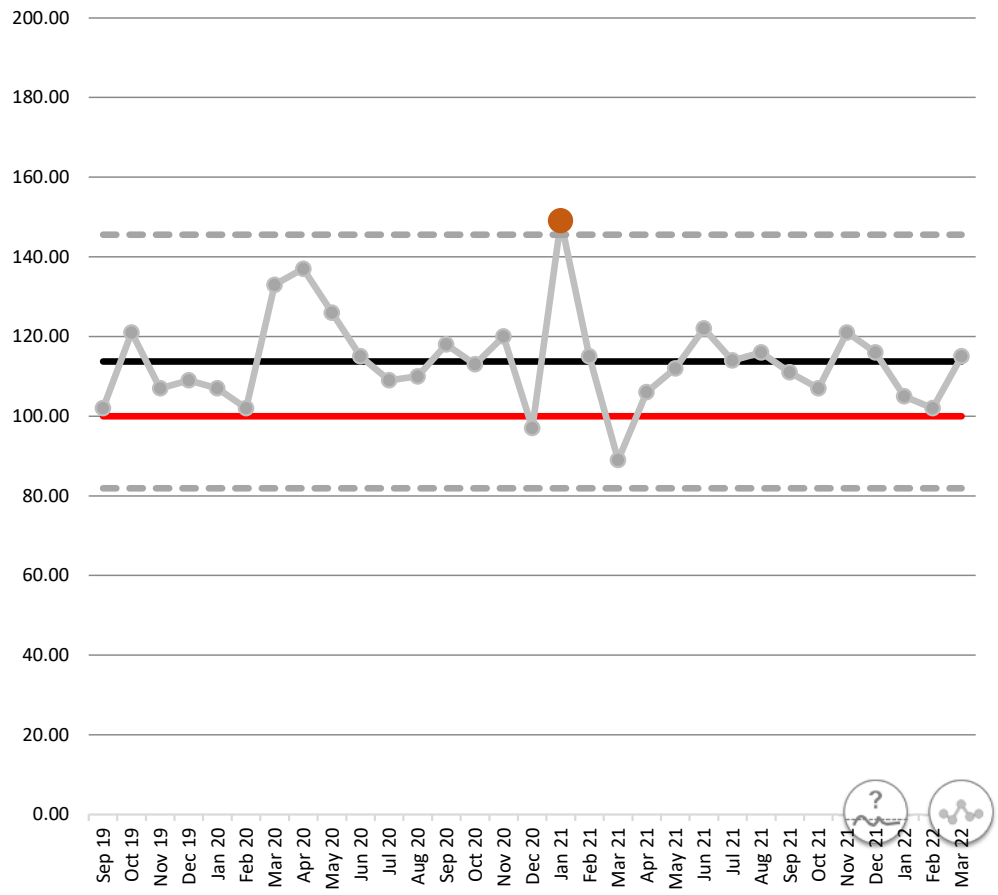


Commentary

This shows common cause variation. Our complaints per 1000 Whole Time Equivalents (WTE) are high. Latest Public view ranking was 113 out of 119 trusts [Q4 21/22]. In August 22 we have seen a reduced rate of complaints from 20 (March 22) down to 10 per 1000 WTE.

Quartile 4 – Inadequate

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

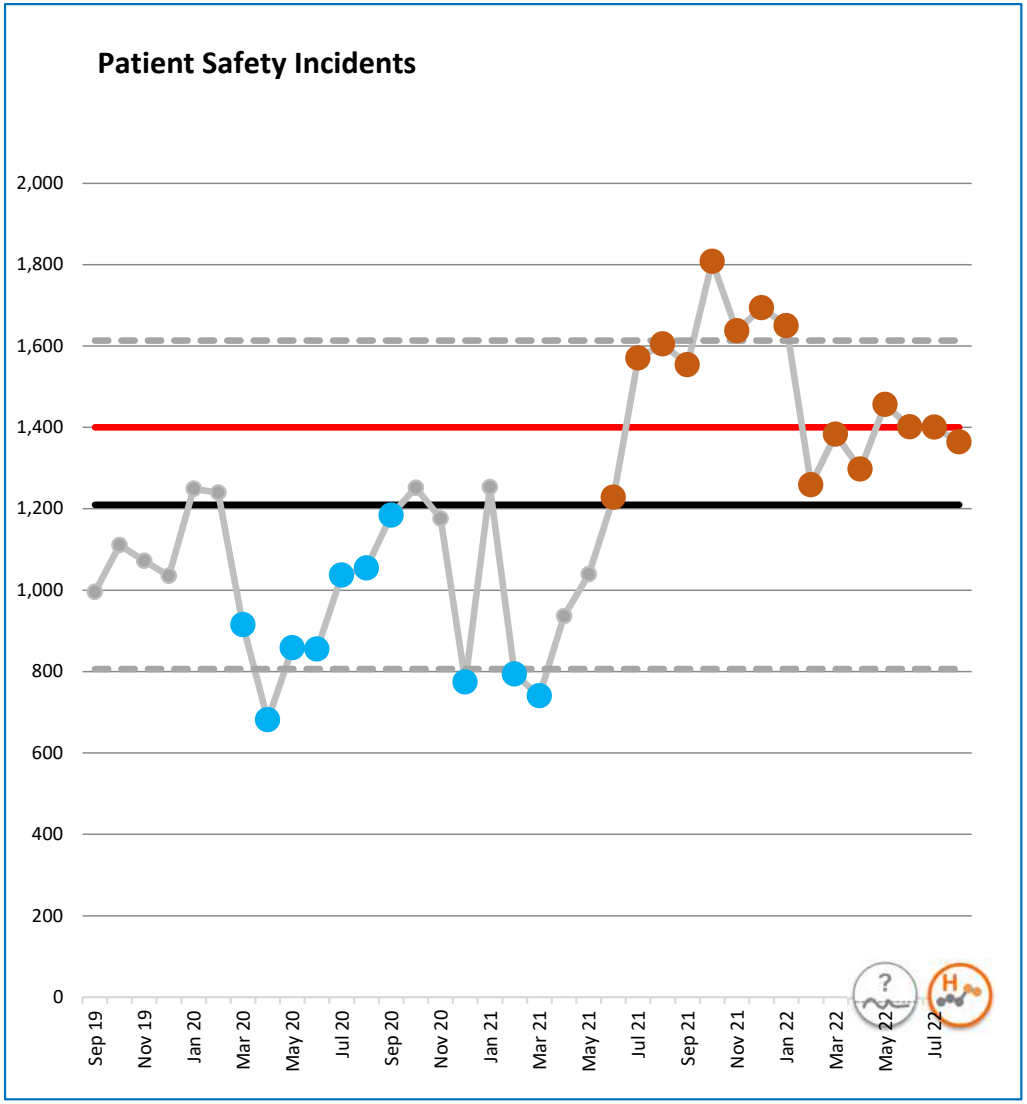


Commentary

Common cause variation is seen through most of the period indicating a predictable process. We were ranked 73rd out of 121 Trusts as of April 2022 using 12-month cumulative performance from Public View.

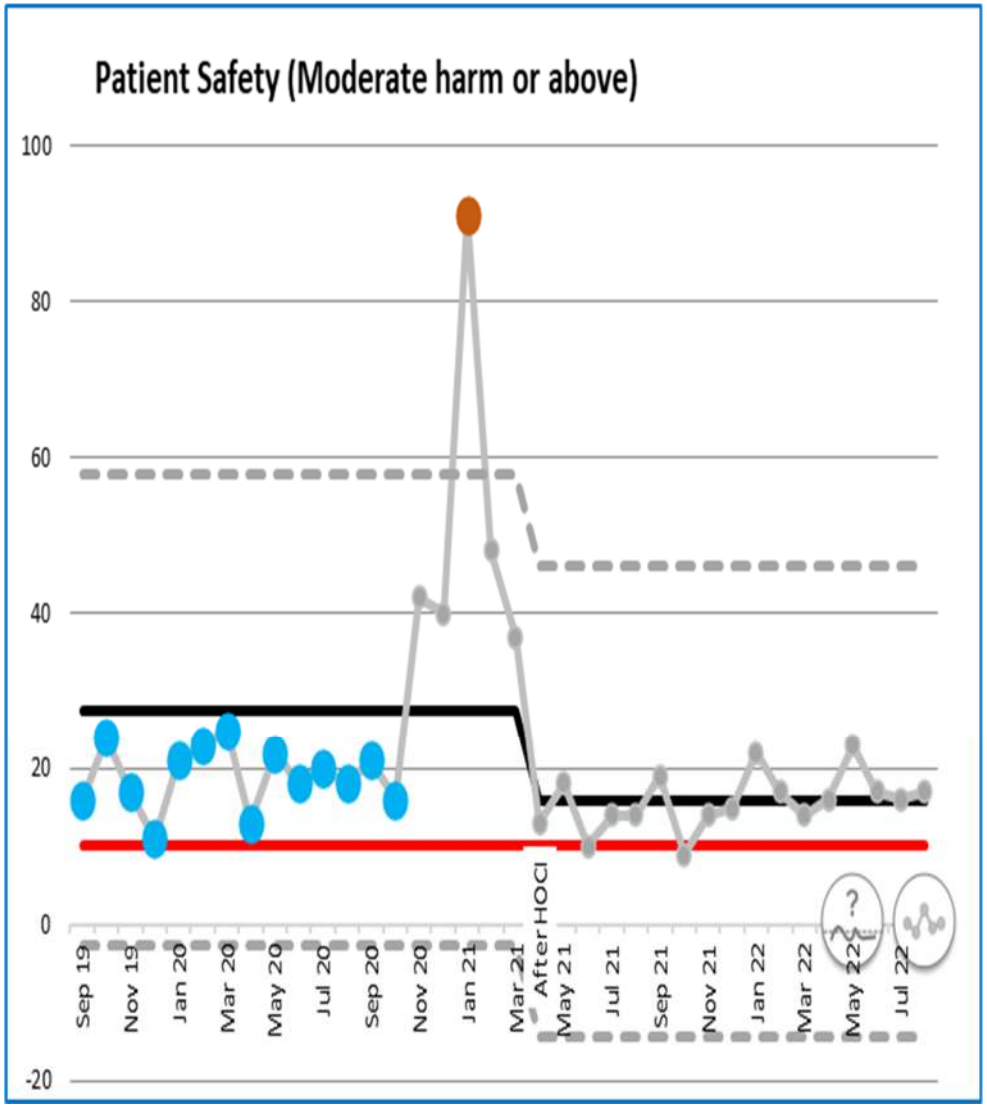
Quartile 3 – Requires Improvement

Patients



Commentary

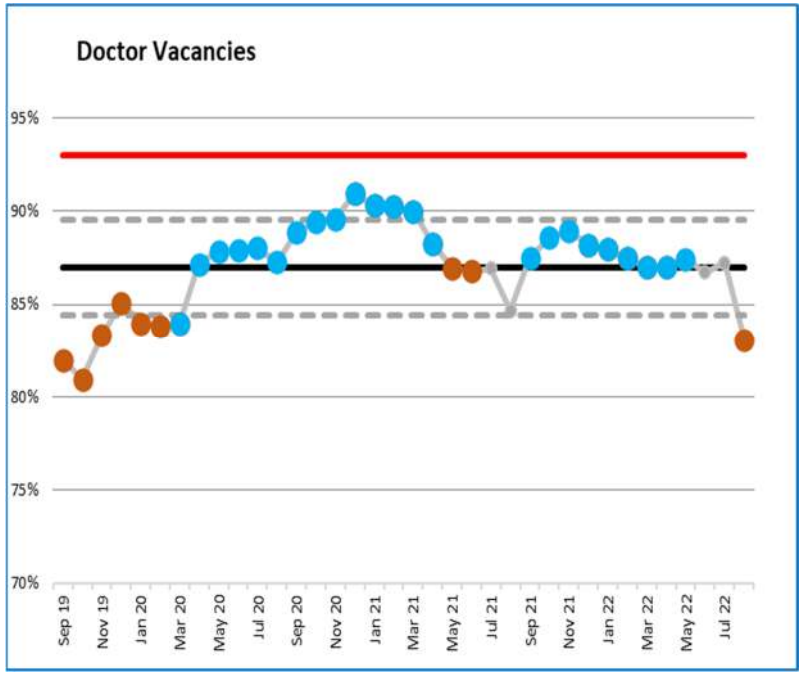
This shows special cause concerning variation above the target. Whilst this may show we are reporting incidents our actual incidents causing moderate harm or above are above target.



Commentary

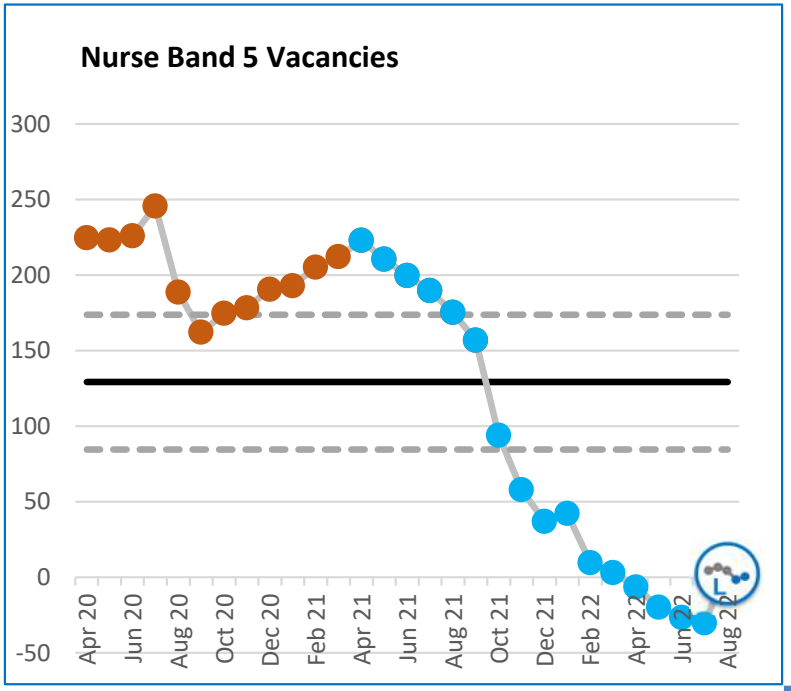
This shows common cause variation but above the target.

Patients



Commentary

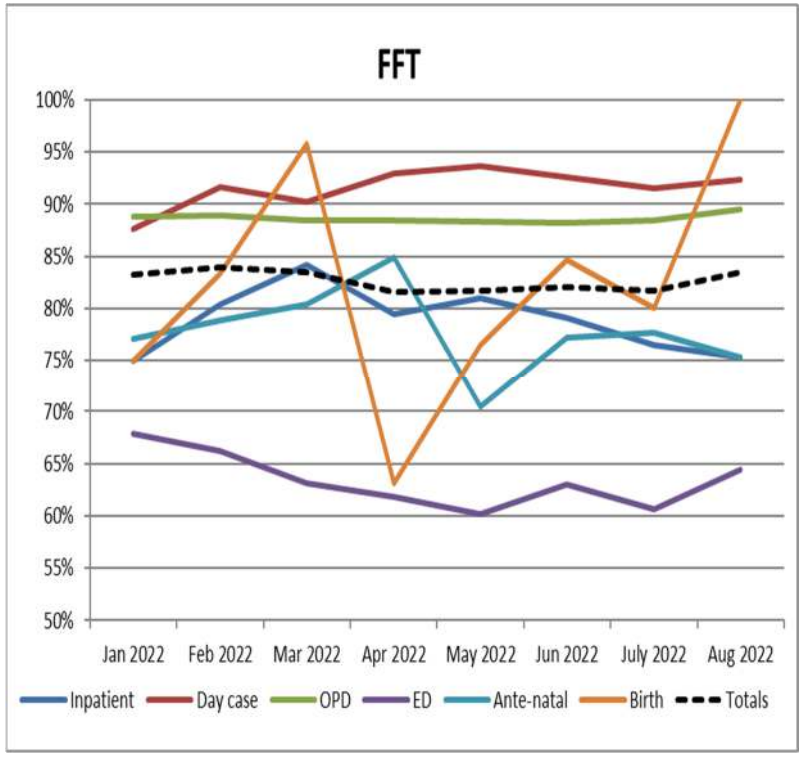
This shows special cause concern this month, however we believe this is caused by the junior doctor rotation.



Commentary

This shows special cause improvement.

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

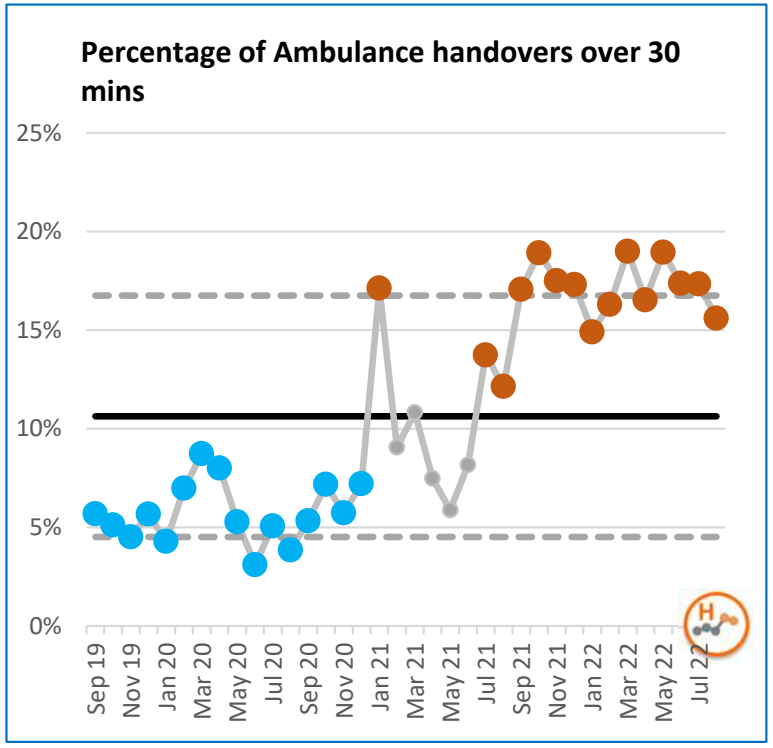


Commentary

Friends and Family scores are stable between 80 and 85% (dotted line).

Variation per point of delivery is significant with ED being a high volume area with poor scores.

Birth scores are volatile due to their low numbers.



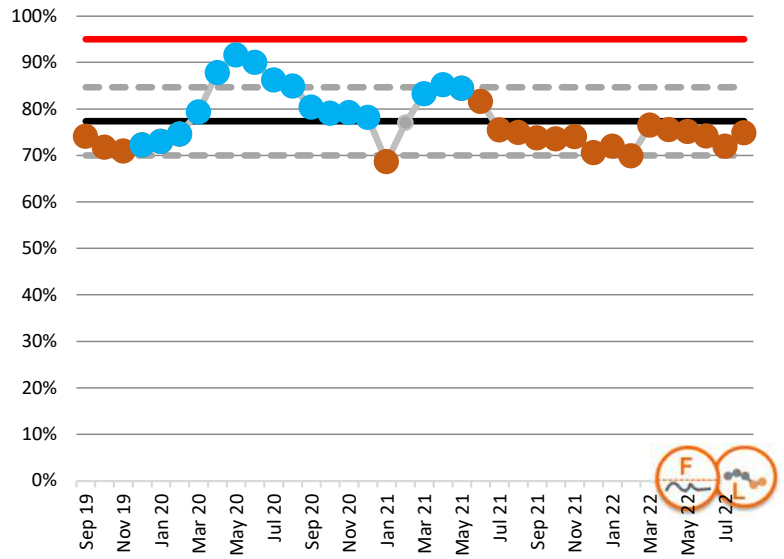
Commentary

This shows special cause concern.

We are looking to find some hospital comparison data so that we can benchmark our performance.

Patients

Emergency Care 4-hour waits



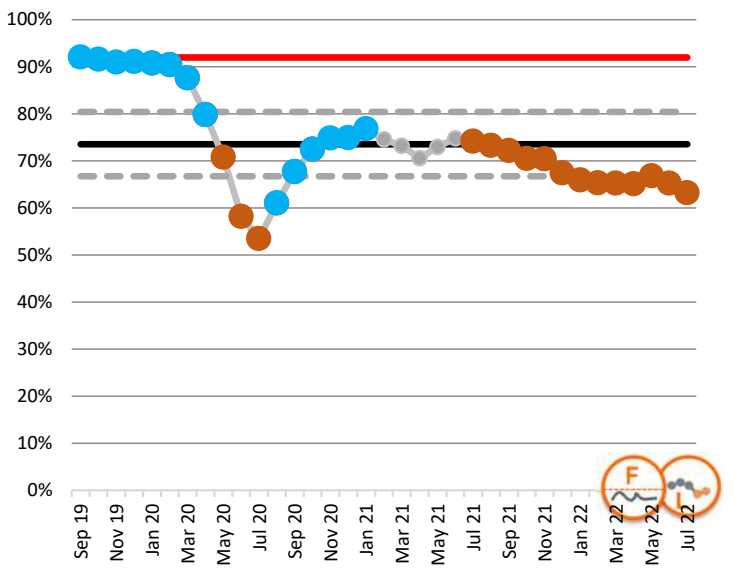
Commentary

This shows special cause concern.

Despite the variation SWB was ranked 30rth out of 107 in August 22.

Quartile 2: ***Good***

RTT - Incomplete Pathway (18-weeks)



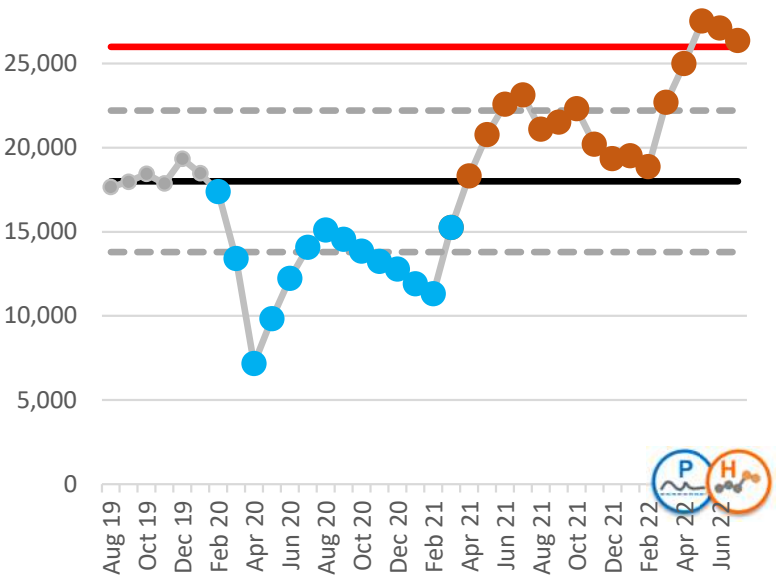
Commentary

This shows special cause concern

Despite the variation SWB was ranked 54th out of 119 Trusts in July 22.

Quartile 2: ***Good***

Emergency Care Attendances (Including Malling)



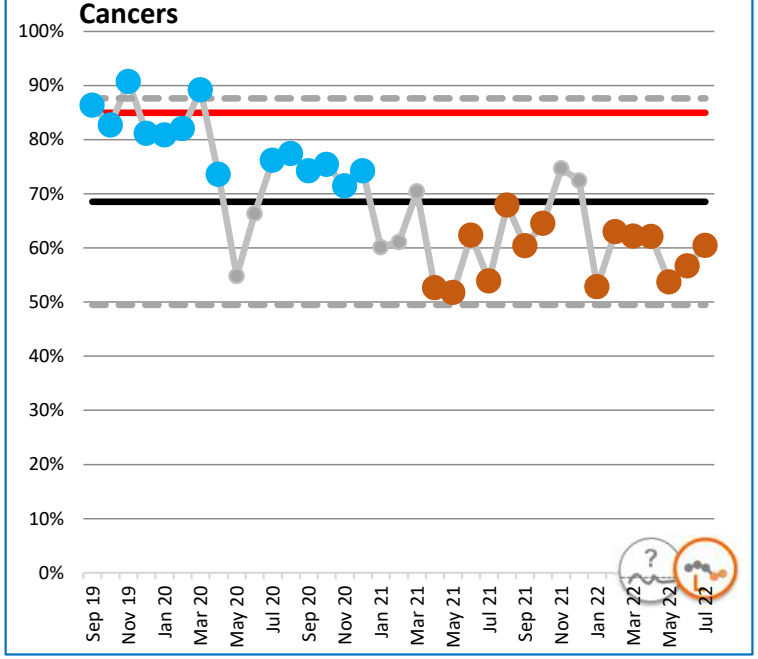
Commentary

This shows special cause concern.

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

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

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



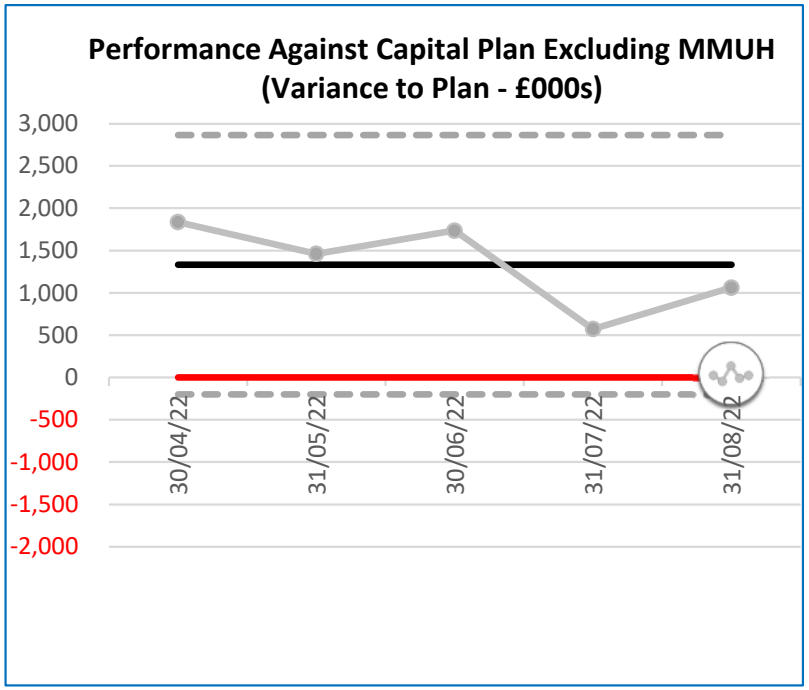
Commentary

This shows special cause concern.

SWB was ranked 70th out of 121 in July 22.

Quartile 3: Requires Improvement

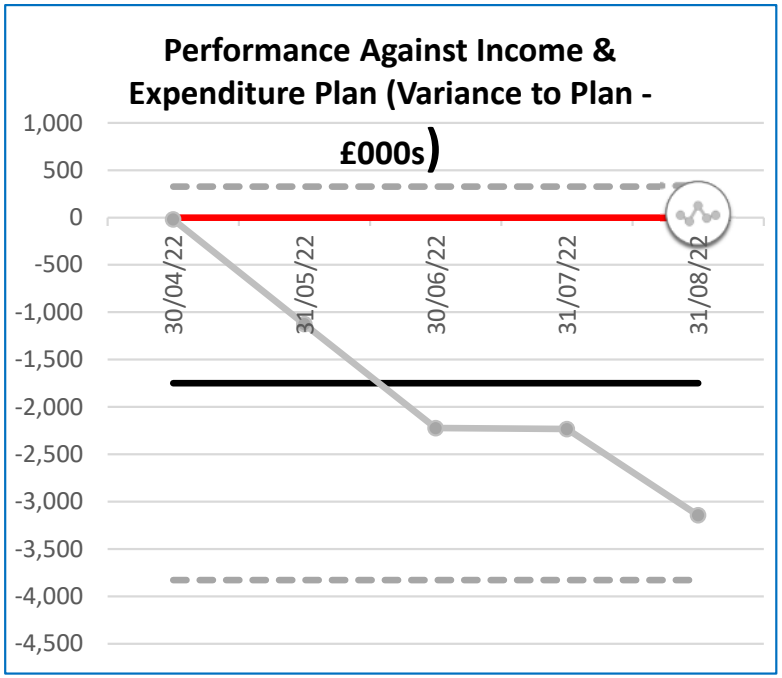
Patients



Commentary

This target has been repeatedly missed by the organization.

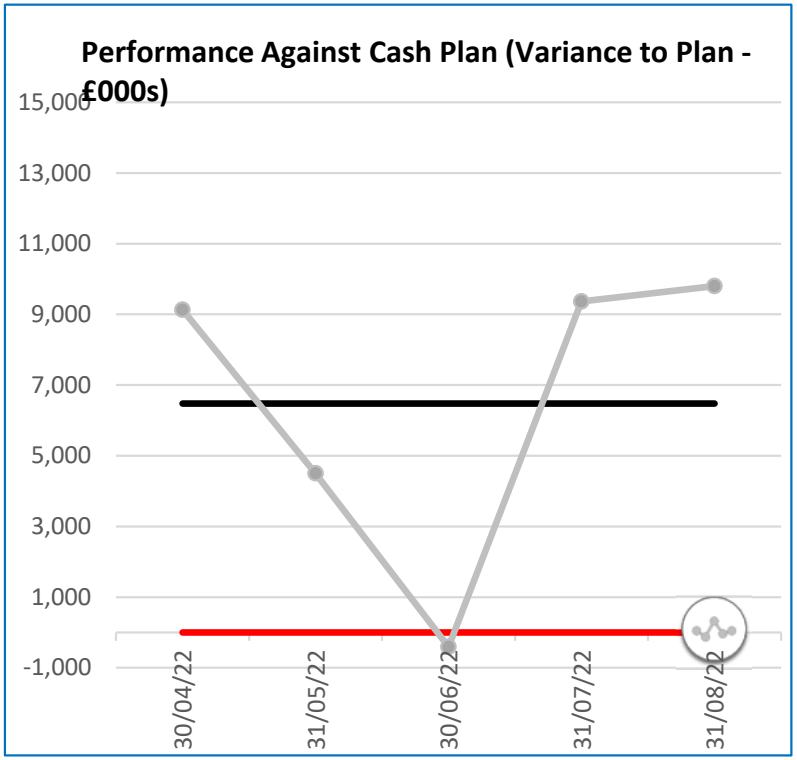
We are underspending against our capital plan each month. We are now ~£7m behind our capital plan.



Commentary

After 5 months we are £8.7m adrift of our £17m deficit plan.

According to the straight line forecast we are going to spend £21m over our £17m deficit plan.

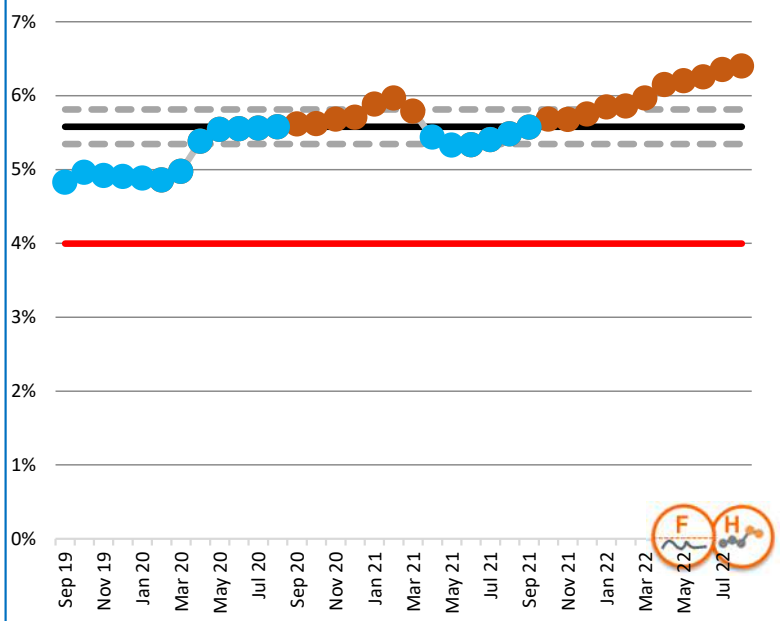


Commentary

We have accumulated £32m more cash than we planned to have after 5 months.

People

Sickness Absence (Rolling 12 Months)



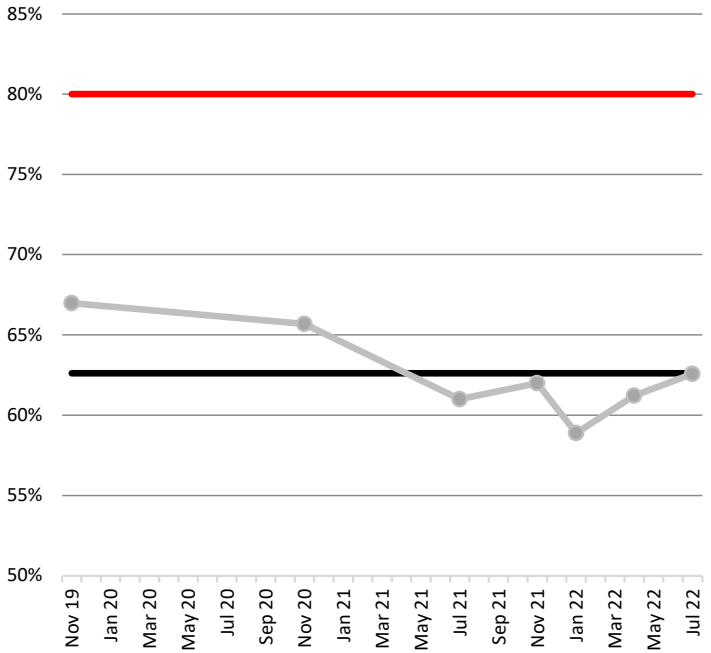
Commentary

This shows special cause concern.

The sickness absence rate was 93rd out of 121 Trusts in April 22.

Quartile 4: Inadequate

Pulse and National Staff Survey

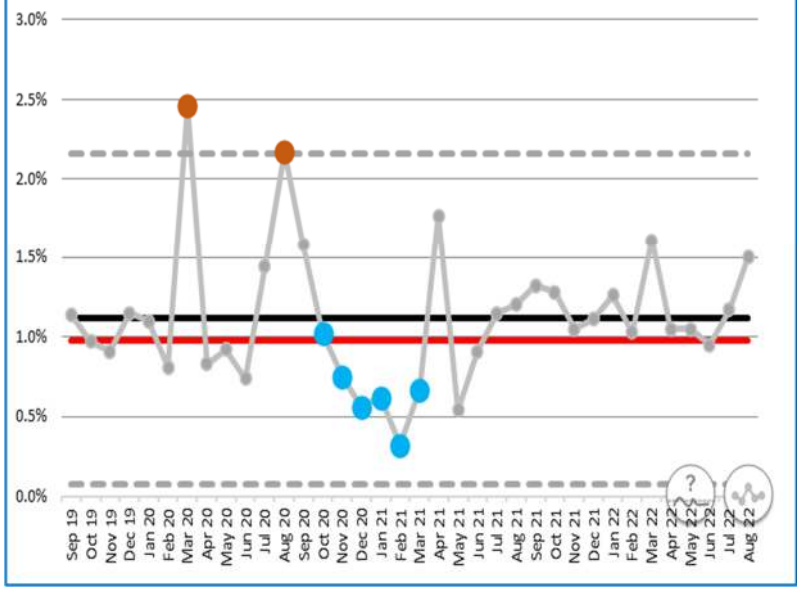


Commentary

This shows common cause variation.

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

Turnover (monthly)

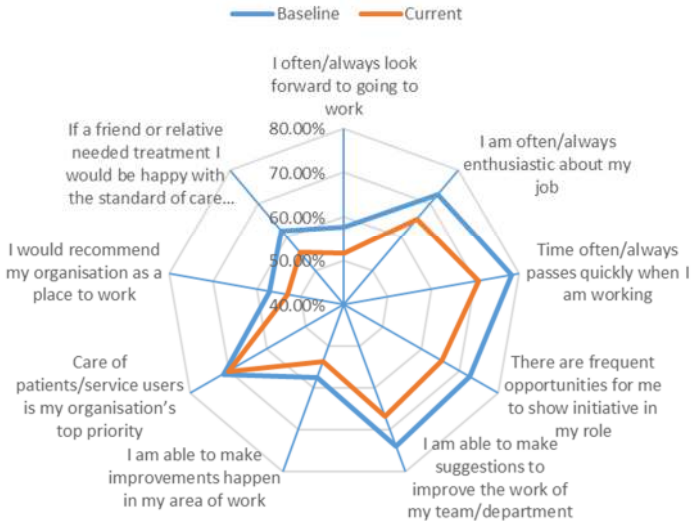


Commentary

This shows common cause variation.

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

Staff Survey (this includes National and Pulse result)



Commentary

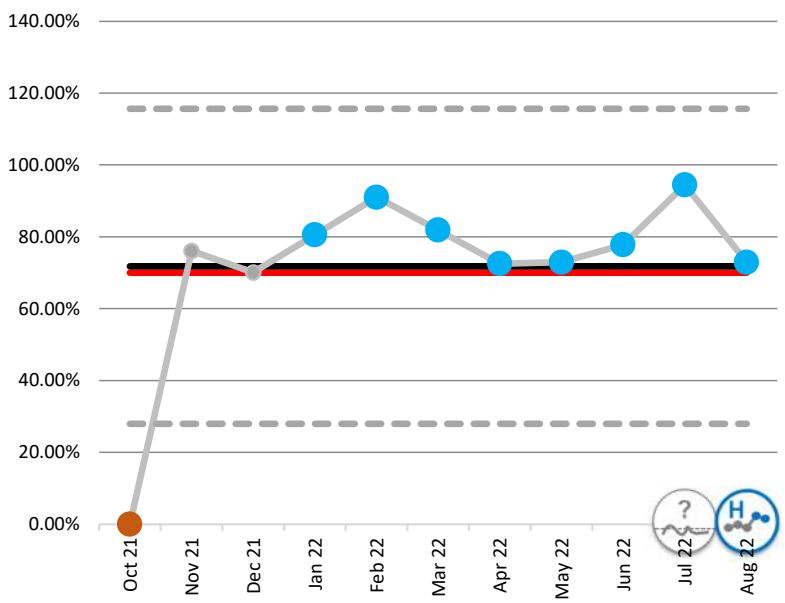
3 main areas requiring attention:

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

Target 80%

Population

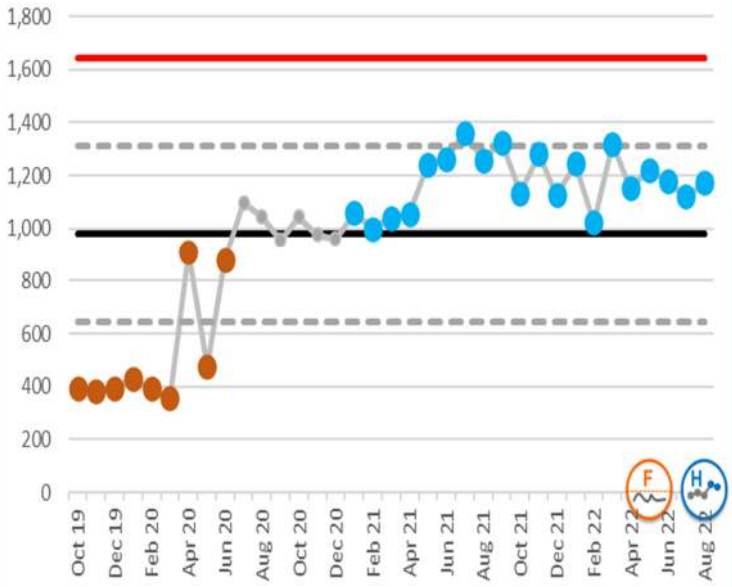
2 Hour Community Response



Commentary

This shows special cause improvement around the mean and the target.

Total Admission Avoidance



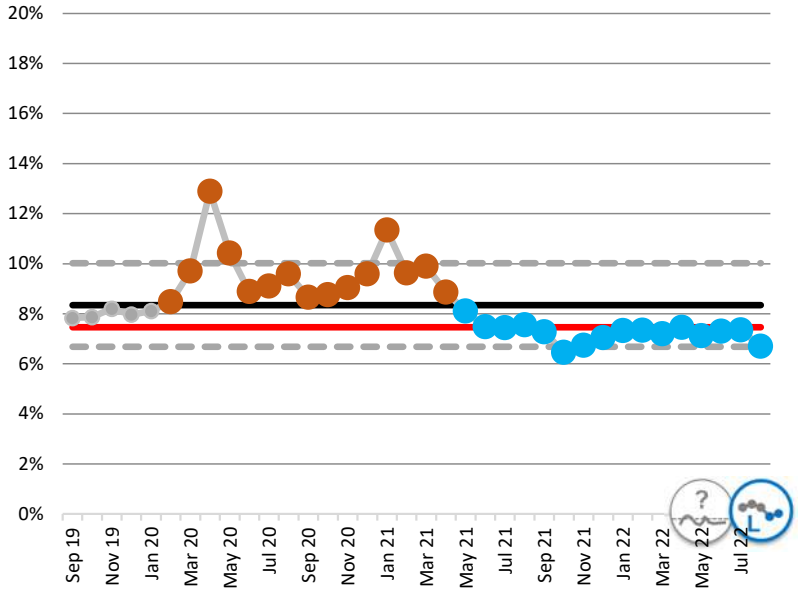
Commentary

This shows common cause variation.

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

Including: FIT, Covid, Hospital at Home, Palliative Care, District Nursing, and Other Admission avoidance schemes.

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

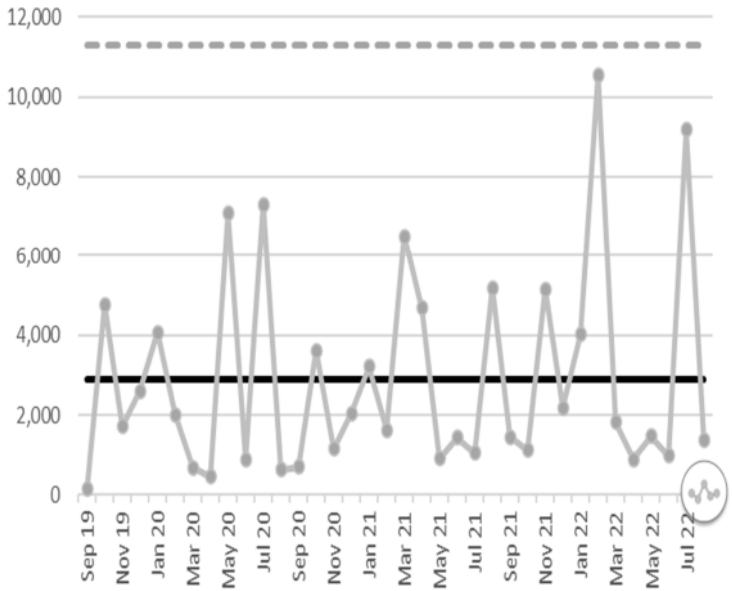


Commentary

The shows special cause improvement.

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

Days Exceeded Target Discharge Date

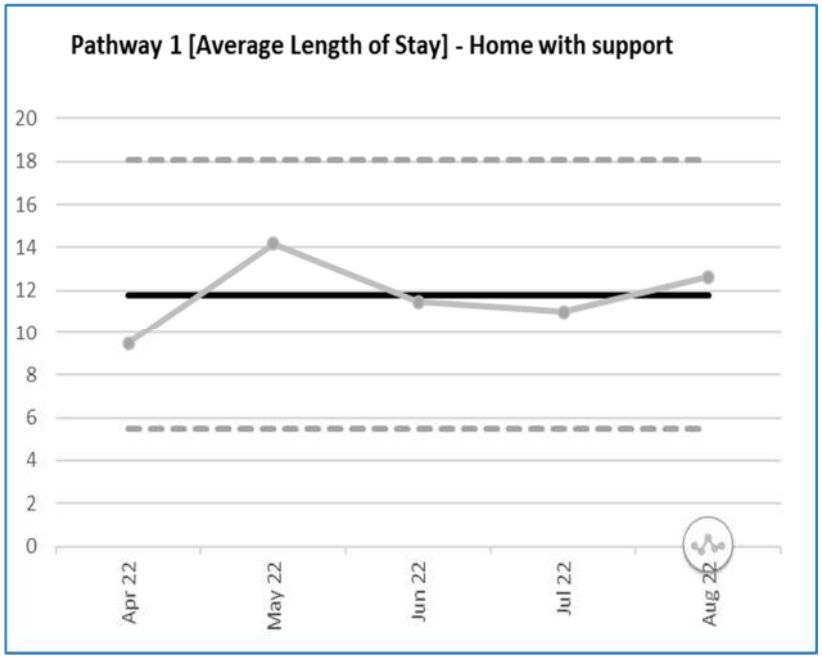


Commentary

This show common cause variation.

This counts the number days after the TDD until the end of the base ward.

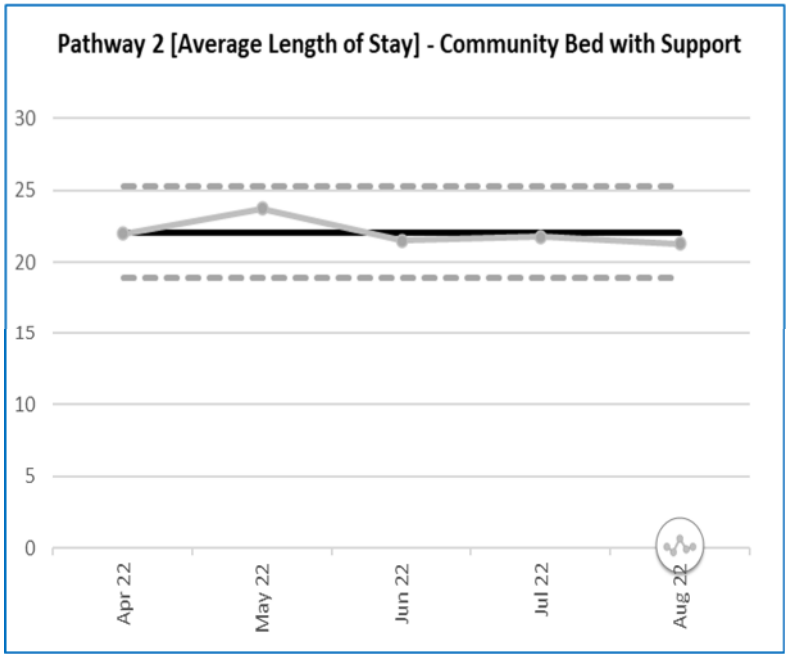
Population



Commentary

The shows common cause variation.

We do not have enough month's data for any specific analysis to be concluded.



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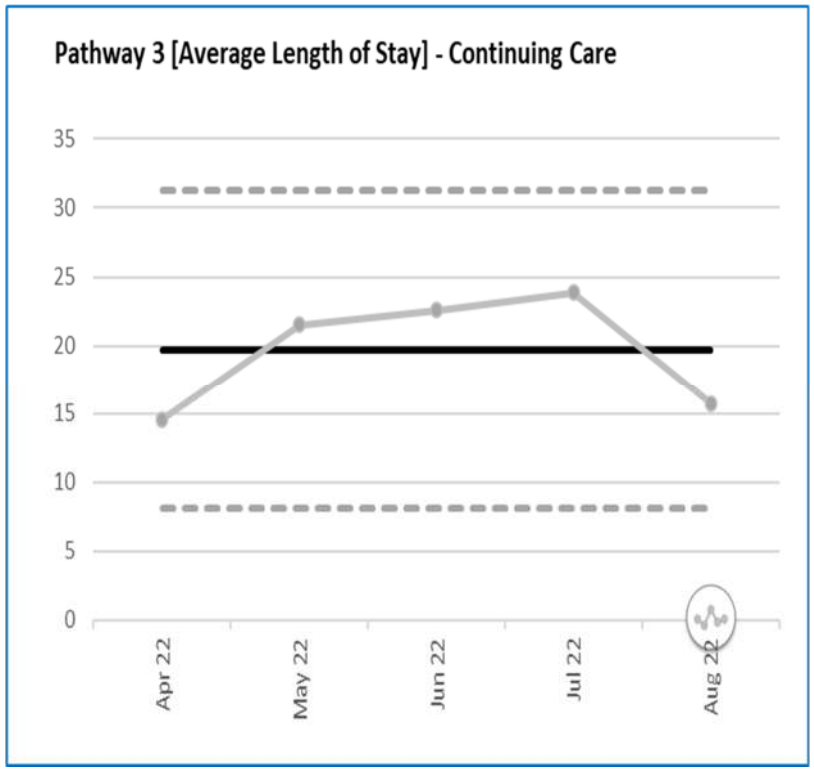

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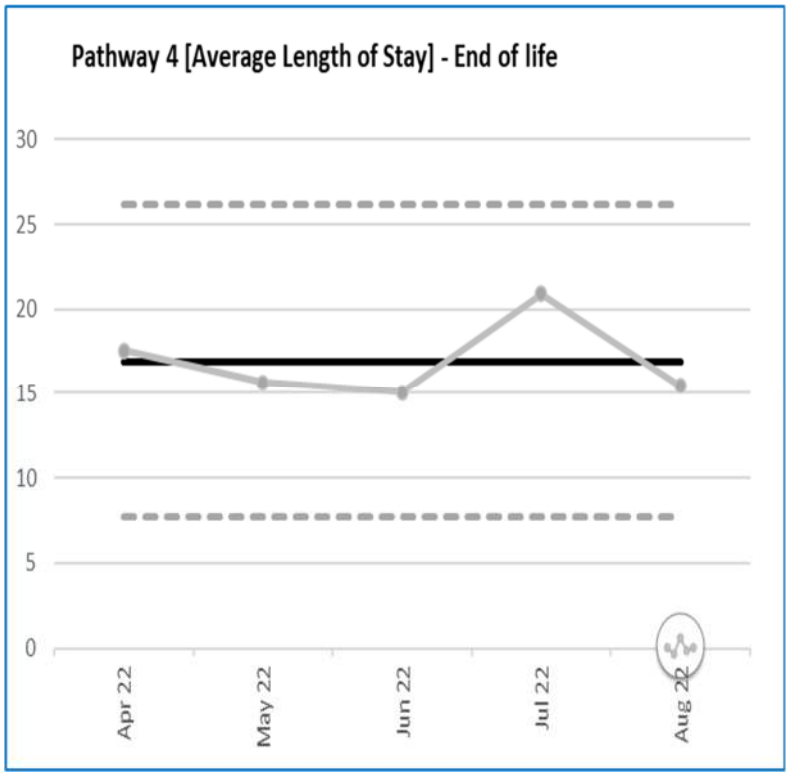

Commentary

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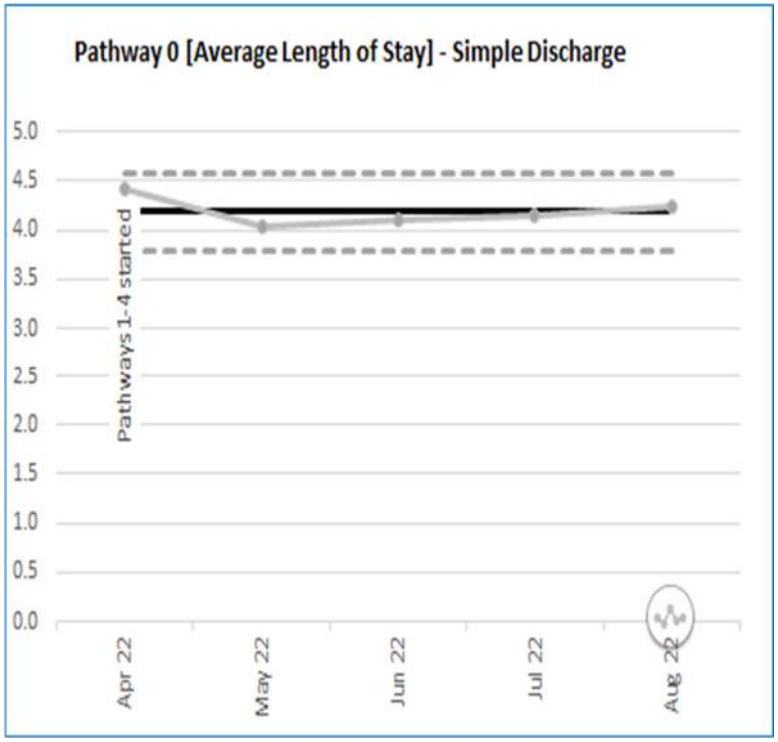
Population/MMUH



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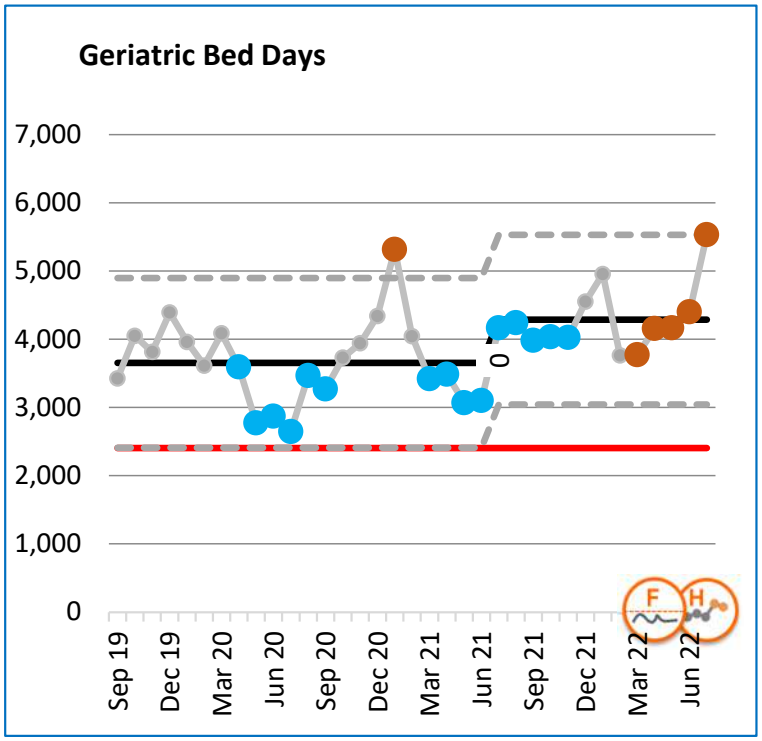
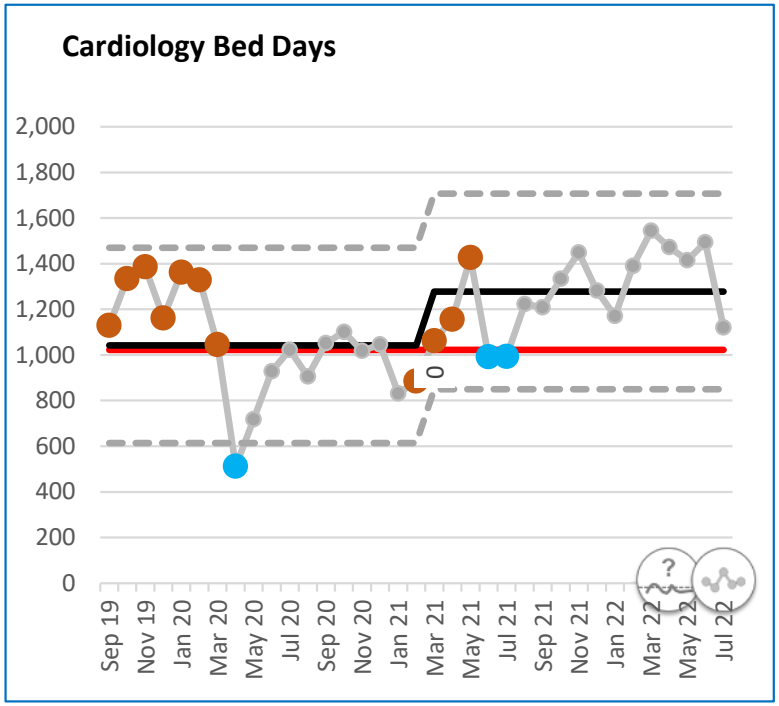


Commentary

The shows special cause concern.

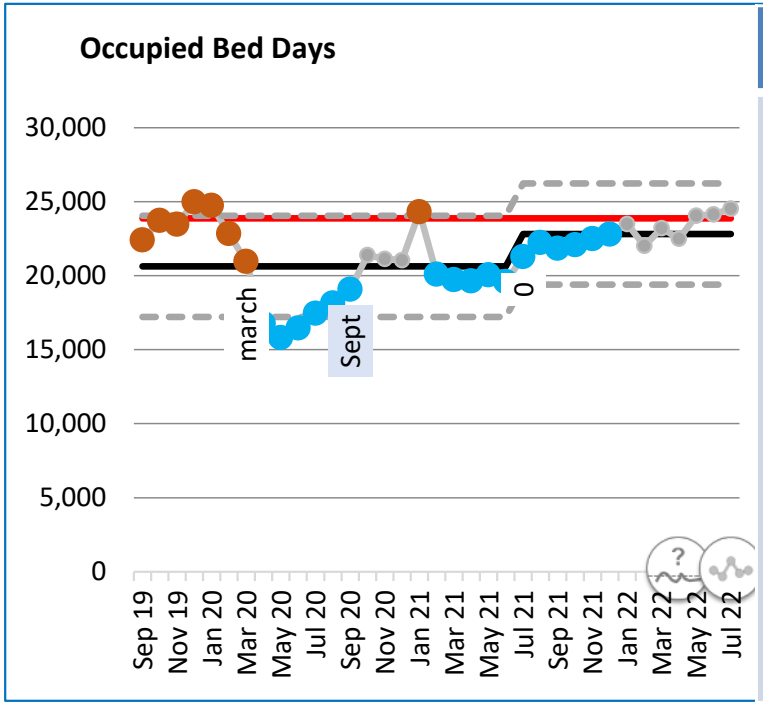
This shows a GAP of around 98 beds dependant on occupancy rates.



Commentary

This shows common cause Variation.

This shows a 14 bed issues. We report a month behind as activity is allocated using discharge HRGs.



Commentary

This shows common cause variation.

This shows a GAP of between 24 and 28 beds dependant on occupancy rates, this hides variability within each bed type.

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	36.16%	28.04%	10.97%	8.08%	5.91%	4.90%	2.72%	0.90%	0.64%	0.74%	0.95%
Cardiology Beds	35.12%	30.67%	8.86%	9.66%	6.54%	4.33%	2.70%	0.78%	0.25%	0.29%	0.81%
Clinical Haematology Beds	44.22%	24.36%	12.60%	5.30%	5.91%	0.51%	2.91%	0.00%	0.03%	0.10%	4.05%
Community Contact	22.48%	41.85%	12.48%	6.23%	6.62%	6.41%	1.92%	0.70%	0.46%	0.17%	0.69%
Critical Care Beds	31.87%	30.12%	16.90%	9.66%	6.42%	1.64%	1.94%	0.00%	0.26%	0.22%	0.97%
Day Case Admissions	31.36%	25.59%	10.65%	8.78%	7.68%	5.68%	3.38%	2.17%	2.08%	1.67%	0.96%
Delivery Beds	35.69%	33.39%	15.52%	5.96%	2.66%	2.18%	1.44%	0.74%	0.44%	0.17%	1.80%
ED Type 1	37.53%	27.16%	10.97%	8.08%	5.59%	4.30%	2.06%	0.91%	0.79%	0.51%	2.10%
ED Type 1 - Ambulance Arrivals	38.53%	26.88%	10.22%	7.45%	5.69%	4.27%	2.19%	0.99%	0.79%	0.63%	2.35%
ED Type 3 (UTC)	19.27%	20.80%	7.57%	5.04%	3.64%	3.11%	1.40%	0.52%	0.35%	0.24%	38.05%
Elective Admissions	30.66%	27.32%	11.36%	8.99%	7.82%	5.84%	3.07%	1.56%	1.25%	1.36%	0.78%
Emergency Admissions	37.00%	28.03%	11.09%	8.24%	5.68%	4.34%	2.14%	0.94%	0.62%	0.54%	1.38%
Emergency Admissions - Medical Over 65	31.75%	29.88%	11.19%	8.82%	6.83%	5.88%	2.88%	1.08%	0.72%	0.64%	0.32%
Emergency Admissions - Medical Over 65 LOS	29.86%	31.16%	11.33%	8.92%	6.46%	5.55%	3.74%	1.06%	1.06%	0.51%	0.35%
Emergency Admissions - Zero LOS	38.37%	26.84%	10.84%	7.59%	6.13%	3.85%	2.17%	1.00%	0.66%	0.66%	1.88%
Emergency Admissions NOT SWB	39.74%	17.34%	12.40%	10.43%	5.35%	3.91%	2.96%	1.80%	1.57%	1.72%	2.77%
Gastroenterology Beds	35.54%	33.89%	12.94%	7.95%	3.85%	2.09%	2.37%	0.31%	0.00%	0.06%	1.01%
General Surgery Beds	34.22%	26.14%	8.93%	9.86%	7.75%	5.15%	3.02%	1.21%	1.61%	1.02%	1.09%
Geriatrics Beds	29.38%	30.86%	12.62%	8.84%	6.45%	5.51%	3.28%	0.92%	1.22%	0.69%	0.23%
Imaging Investigations	34.10%	27.15%	11.30%	8.98%	6.41%	5.32%	2.43%	1.17%	0.89%	0.67%	1.58%
Inpatient RTT Incompelete Pathways	30.65%	25.64%	11.84%	9.27%	7.72%	6.35%	3.27%	1.77%	1.71%	1.11%	0.68%
Intermediate Care Beds	24.47%	31.65%	9.64%	10.04%	7.33%	6.94%	4.89%	1.87%	1.44%	0.89%	0.84%
Maternity Beds	46.49%	26.13%	9.86%	7.69%	3.80%	1.92%	1.15%	0.40%	0.46%	0.06%	2.04%
Medicine Beds	39.49%	29.96%	8.69%	8.34%	5.94%	2.92%	1.72%	0.38%	0.22%	0.34%	2.00%
Neonatal Beds	58.48%	21.76%	5.61%	5.78%	3.23%	2.04%	0.57%	1.32%	0.00%	0.26%	0.94%
Occupied Bed Days	34.19%	29.02%	10.99%	8.58%	6.15%	4.67%	2.79%	1.01%	0.85%	0.70%	1.03%
Paediatric Beds	34.00%	30.78%	12.56%	8.19%	4.61%	3.70%	2.82%	0.68%	0.58%	0.37%	1.71%
Respiratory Beds	39.67%	31.68%	9.70%	6.72%	6.70%	3.38%	0.90%	0.58%	0.04%	0.04%	0.58%
Same Day Emergency Care (SDEC)	37.07%	27.21%	11.66%	8.87%	5.68%	4.50%	1.86%	0.83%	0.68%	0.41%	1.23%
Stroke Beds	39.14%	24.36%	11.05%	6.81%	7.36%	3.79%	3.14%	1.06%	1.31%	1.05%	0.90%
T&O Beds	28.82%	25.87%	14.18%	10.43%	6.86%	8.04%	2.79%	1.45%	0.49%	0.28%	0.78%
Theatre Productivity - BADS	29.91%	22.65%	11.13%	9.31%	7.97%	7.39%	4.17%	2.28%	2.25%	2.31%	0.65%
Womens Beds	33.21%	22.98%	10.39%	9.56%	7.81%	3.94%	3.79%	2.06%	3.52%	1.46%	1.28%

Commentary

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

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

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

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

Inequalities

Ethnicity

Trust-Trust Level	Ethnicity																	
	White			Mixed				Asian				Black			Other Ethnic Groups			
Metric	British	Irish	Other	White and Black Caribbean	White and Black African	White and Asian	Any other mixed background	Asian British - Indian	Asian British - Pakistani	Asian British - Bangladeshi	Asian British - Any other Asian background	Black British - Caribbean	Black British - African	Black British - Any other Black background	Chinese	Any other ethnic group	Not stated	Not Known
Population	34.00%	0.40%	8.10%	1.40%	0.30%	0.50%	0.70%	14.10%	7.90%	3.60%	2.50%	4.60%	4.80%	1.70%	1.00%	3.70%	0.00%	10.60%
AMU Beds	42.87%	1.19%	6.09%	0.81%	0.12%	0.14%	0.72%	11.20%	6.03%	2.02%	1.39%	6.79%	2.06%	1.24%	0.28%	1.68%	1.52%	13.85%
Cardiology Beds	42.05%	1.16%	6.10%	0.23%	0.13%	0.00%	0.24%	16.83%	8.48%	2.08%	1.05%	6.32%	1.99%	1.14%	0.11%	1.11%	1.66%	9.32%
Clinical Haematology Beds	29.09%	1.28%	6.52%	0.14%	0.00%	0.00%	0.34%	5.81%	3.34%	2.80%	0.47%	13.48%	6.62%	4.70%	0.98%	3.51%	2.70%	18.21%
Community Contact	52.91%	0.45%	6.04%	1.68%	0.24%	0.47%	6.99%	9.26%	3.88%	1.45%	0.91%	3.74%	1.63%	1.56%	0.13%	2.35%	2.99%	3.31%
Critical Care Beds	36.13%	5.06%	6.40%	0.52%	0.00%	2.77%	0.26%	15.92%	2.23%	1.04%	0.22%	7.09%	5.10%	1.21%	0.56%	3.91%	0.78%	10.83%
Day Case Admissions	42.43%	0.89%	6.43%	1.09%	0.27%	0.18%	0.62%	11.14%	7.63%	2.17%	2.27%	7.98%	2.90%	2.13%	0.37%	2.23%	0.99%	8.30%
Delivery Beds	18.90%	0.00%	10.74%	2.37%	0.42%	0.68%	1.23%	11.14%	15.31%	5.27%	2.24%	4.14%	8.29%	1.16%	0.23%	4.06%	0.42%	13.39%
ED Type 1	29.20%	0.53%	5.63%	1.46%	0.31%	0.44%	1.17%	11.97%	7.92%	3.02%	2.34%	6.24%	3.51%	1.53%	0.37%	3.64%	1.19%	19.51%
ED Type 1 - Ambulance Arrivals	35.75%	0.82%	5.50%	0.81%	0.21%	0.24%	0.90%	10.04%	6.39%	2.35%	1.64%	5.21%	2.32%	1.15%	0.20%	2.43%	1.52%	22.54%
ED Type 3 (UTC)	8.90%	0.00%	0.06%	0.17%	0.05%	0.03%	0.08%	0.18%	2.91%	0.92%	4.55%	1.21%	1.29%	0.13%	0.12%	2.40%	76.37%	0.63%
Elective Admissions	44.94%	1.13%	7.63%	0.74%	0.27%	0.23%	0.89%	11.28%	7.98%	2.02%	2.33%	6.15%	2.61%	1.75%	0.31%	2.53%	1.21%	5.99%
Emergency Admissions	33.20%	0.84%	6.02%	1.33%	0.34%	0.37%	0.96%	11.96%	7.68%	3.43%	2.00%	6.13%	3.72%	1.28%	0.33%	3.20%	1.06%	16.16%
Emergency Admissions - Medical Over 65	50.12%	2.04%	6.76%	0.14%	0.03%	0.06%	0.42%	11.62%	5.07%	1.63%	0.89%	6.65%	0.52%	0.79%	0.32%	0.72%	1.55%	10.66%
Emergency Admissions - Medical Over 65 L	53.17%	1.72%	7.67%	0.17%	0.04%	0.10%	0.48%	10.06%	3.93%	0.95%	0.78%	6.73%	0.51%	0.79%	0.27%	0.45%	1.56%	10.61%
Emergency Admissions - Zero LOS	26.55%	0.51%	5.91%	1.70%	0.44%	0.53%	1.33%	13.03%	9.12%	4.18%	2.32%	5.55%	4.29%	1.55%	0.29%	4.32%	0.91%	17.46%
Emergency Admissions NOT SWB	22.70%	1.23%	3.38%	1.26%	0.22%	0.28%	0.63%	5.15%	10.91%	3.15%	2.04%	4.60%	3.94%	1.06%	0.31%	3.16%	1.82%	34.16%
Gastroenterology Beds	46.52%	0.34%	5.86%	2.06%	0.08%	0.34%	0.62%	17.90%	6.26%	1.56%	0.82%	2.57%	2.40%	1.31%	0.08%	0.96%	1.41%	8.91%
General Surgery Beds	44.12%	0.81%	7.24%	0.98%	0.12%	0.13%	0.94%	11.80%	5.07%	1.91%	2.16%	7.07%	3.38%	1.32%	0.50%	2.53%	1.22%	8.69%
Geriatrics Beds	54.31%	1.85%	8.06%	0.30%	0.00%	0.11%	0.68%	8.27%	3.62%	1.01%	0.68%	6.74%	0.56%	0.91%	0.32%	0.41%	1.64%	10.54%
Imaging Investigations	29.67%	0.63%	8.70%	1.11%	0.30%	0.36%	0.79%	11.86%	7.27%	2.81%	2.20%	5.86%	4.24%	1.32%	0.37%	2.81%	6.87%	12.84%
Inpatient RTT Incompelete Pathways	36.64%	0.88%	9.90%	1.00%	0.22%	0.25%	0.61%	11.41%	7.00%	2.19%	2.19%	5.49%	3.15%	1.41%	0.38%	2.86%	7.31%	7.11%
Intermediate Care Beds	60.31%	0.79%	9.11%	0.36%	0.03%	0.15%	0.61%	6.44%	0.94%	0.14%	0.56%	7.87%	0.73%	0.47%	0.12%	0.21%	2.06%	9.11%
Maternity Beds	12.12%	0.25%	4.85%	1.87%	0.54%	0.47%	0.92%	11.38%	11.28%	6.97%	3.28%	6.87%	8.17%	0.67%	0.60%	4.63%	0.54%	24.58%
Medicine Beds	33.81%	0.24%	5.45%	1.18%	0.06%	0.34%	1.64%	9.71%	7.04%	1.78%	0.80%	10.53%	5.13%	2.70%	0.11%	4.47%	0.99%	14.02%
Neonatal Beds	12.50%	0.00%	5.06%	1.32%	4.68%	1.21%	0.30%	6.03%	4.95%	2.08%	0.19%	3.36%	4.31%	0.87%	0.00%	8.22%	0.08%	44.84%
Occupied Bed Days	42.62%	1.11%	6.90%	0.85%	0.26%	0.28%	0.79%	10.33%	5.62%	1.81%	1.30%	6.95%	2.77%	1.21%	0.30%	2.00%	1.44%	13.47%
Paediatric Beds	23.15%	0.15%	5.24%	2.03%	0.81%	0.81%	1.53%	11.64%	11.40%	3.66%	2.73%	6.68%	6.47%	0.80%	0.29%	8.41%	0.14%	14.07%
Respiratory Beds	40.09%	2.08%	5.73%	2.08%	0.60%	0.71%	1.13%	10.72%	3.90%	1.28%	1.55%	8.16%	2.63%	1.62%	0.45%	1.61%	2.52%	13.17%
Same Day Emergency Care (SDEC)	31.45%	0.59%	6.75%	1.17%	0.24%	0.31%	0.80%	12.90%	8.35%	3.45%	2.27%	7.73%	4.13%	1.66%	0.33%	3.09%	1.09%	13.70%
Stroke Beds	35.59%	1.56%	8.19%	1.84%	0.15%	0.20%	1.56%	10.40%	7.33%	0.90%	1.36%	8.61%	1.51%	2.15%	0.26%	0.68%	0.65%	17.07%
T&O Beds	54.22%	0.95%	7.26%	0.21%	0.06%	0.10%	0.29%	11.09%	3.31%	0.61%	2.06%	3.70%	1.16%	0.47%	0.21%	1.04%	2.08%	11.20%
Theatre Productivity - BADS	44.78%	1.17%	6.77%	0.81%	0.23%	0.16%	0.52%	11.85%	6.61%	2.28%	2.38%	5.60%	2.34%	1.37%	0.33%	1.53%	1.50%	9.79%
Womens Beds	36.76%	1.04%	6.58%	1.17%	0.26%	0.03%	0.44%	10.16%	7.08%	2.74%	1.17%	5.59%	2.61%	1.96%	0.39%	2.06%	0.99%	18.96%

Commentary

We have our local population percentage breakdown, and are showing variation based on red/pink shows 80% above the population and yellow/amber shows 80% below population.

Not Known – means we do not know the patients ethnicity

Not Stated – means the patient has declined to state their ethnicity (the ED type 3 – UTC large percentage is due to a coding issue from our third party company)

Board Level Metrics: How to Interpret SPC Charts

An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation **(common cause)** in performance and unusual patterns **(special cause)** in data which are unlikely to have occurred due to chance and require investigation. They can also **provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target** without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:
- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more data points are beyond the upper or lower control limits

Orange indicates a decline in performance; Blue indicates an improvement in performance.

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://improvement.nhs.uk/resources/making-data-count

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