

Integrated Quality and Learning Report

December 2019



Gateshead Health
NHS Foundation Trust



| | | |
|-----------------|------------|---------------|
| Overall Good | Safe | Good ● |
| | Effective | Good ● |
| | Caring | Outstanding ☆ |
| | Responsive | Good ● |
| | Well-led | Good ● |

Integrated Quality and Learning Report

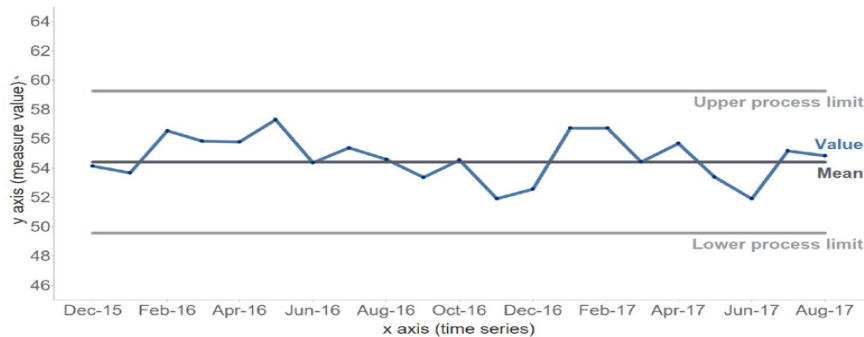
Introduction and about SPC

This report details quality indicators monitored by the Trust and also provides trust learning from these indicators. It is designed as an enhancement to replace the previous Trust Quality and Safety Dashboard and CLIP (Complaints, Litigation, Incidents, PALS).

Statistical process Control (SPC) has been used where appropriate to identify where situations may be improving or deteriorating.

Statistical process control (SPC) chart

This is an SPC chart. It's a time series line chart with three reference lines that help you appreciate variation in the data.



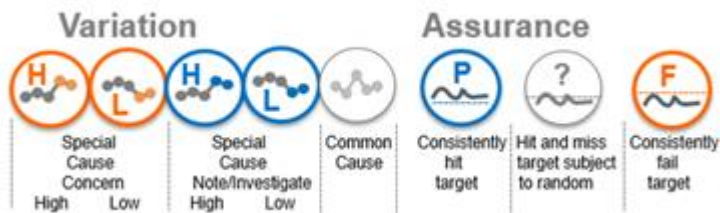
The reference lines are:

- centre reference line: the average line (often represented by the mean, sometimes the median)
- upper and lower reference lines: the process limits, also known as control limits.

You can expect approximately 99% of data points to fall within the process limits.

Key

The following symbols are used in this report to identify areas of special cause variation, or where targets are consistently achieved, failed, or may be achieved / fail as a result of normal variation.

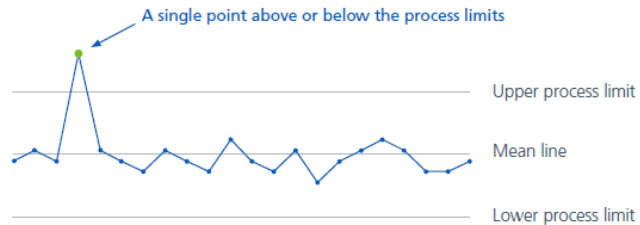


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more about SPC

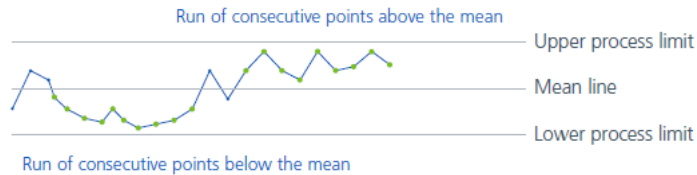
A single point outside the control limits

Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.



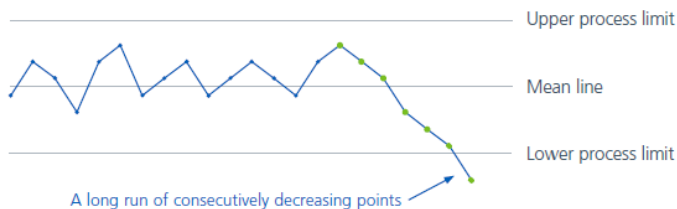
Consecutive points above or below the mean line

A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system.



Six consecutive points increasing or decreasing

A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.



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Included this month



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Please note that data in this report is accurate at the time of production. The severity and number of incidents may change due to additional information being available following investigation, meaning the severity may be re-categorised.

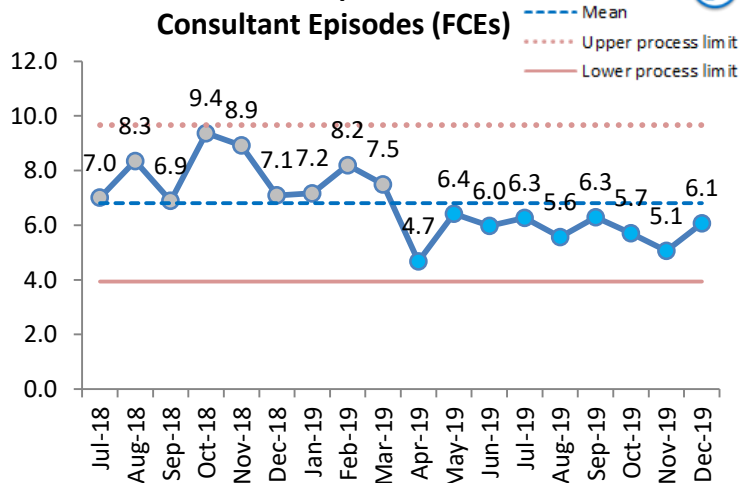
| | | | |
|-------------------|--------------|--|---|
| Safe | 5-15 | <ul style="list-style-type: none">• Medication Errors• Health-Care Associated Infections• Falls• Pressure damage | <ul style="list-style-type: none">• Safety Thermometer• Never Events• Serious Incidents (SIs)• Patient Safety Incidents• Emergency C-Section Rate• VTE Risk Assessment |
| Effective | 16-17 | <ul style="list-style-type: none">• Mortality• HSMR• SHMI | |
| Caring | 18-20 | <ul style="list-style-type: none">• Friends and Family Test• Single Sex Accommodation Breaches• Trolley Breaches• 104 Day Cancer Breaches | |
| Responsive | 21 | <ul style="list-style-type: none">• Compliments• Informal Complaints• Formal Complaints | |
| Well-led | 22-23 | <ul style="list-style-type: none">• CQUIN – Flu Vaccinations• CQC Insights Report | |
| | 24-25 | <ul style="list-style-type: none">• Single Oversight Framework | |

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Medication Reporting

Safe

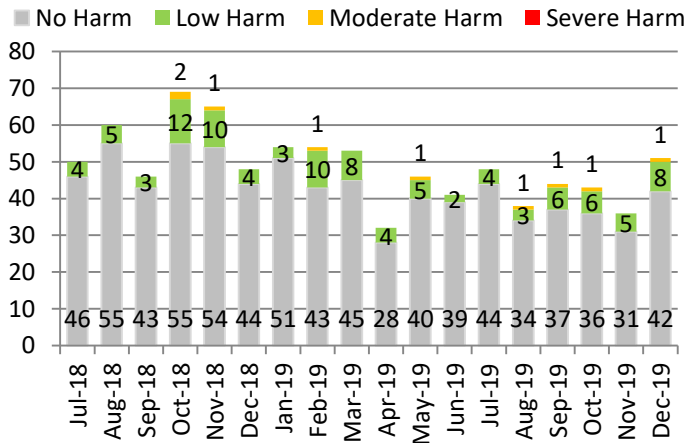
Medication Errors per 1000 Finished Consultant Episodes (FCEs)



Medication Errors

- A total of 51 medication errors were reported in December 2019.
- There were 1 moderate harm and 0 severe harm errors.
- Special cause variation (improvement) is observed in the medication error rate over the last 8 months.
- There has been no trend identified in relation to the clinical areas where medication incidents occur.
- The Patient Safety Team is to work with the newly appointed Medication Safety Officer to identify key learning at both ward and Trust level.

Severity of Medication Errors



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Healthcare Associated Infections

MRSA

Safe

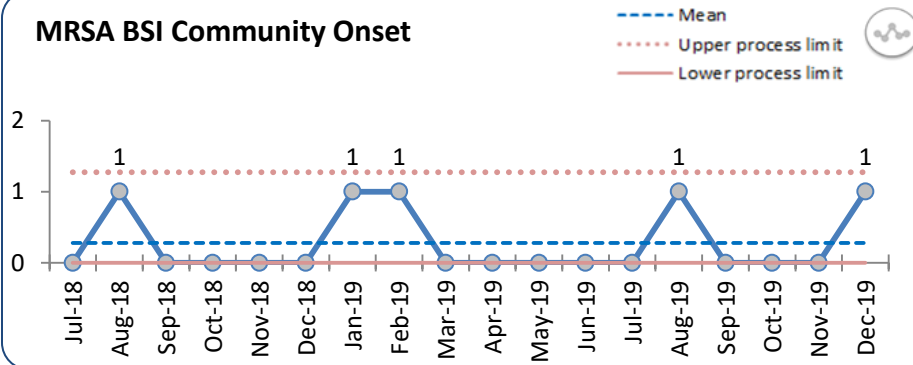
The Trust adopts the national aspiration of a zero tolerance to all avoidable infections including MRSA blood stream infections (BSI).

The community onset MRSA BSI case reported in December had MRSA identified in only one of blood culture samples taken. This result and assessment of the patient's clinical condition is indicative of a contaminated sample.

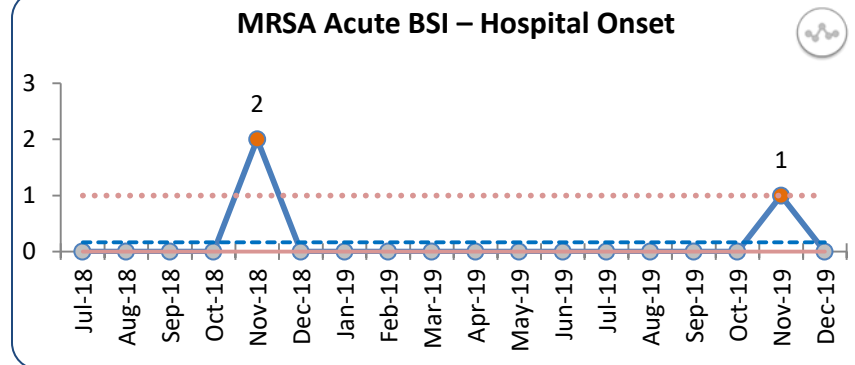
Investigation of the positive blood sample is underway, to explore for any possible cause for the contamination of the sample.

The trust has had zero incidence of hospital onset MRSA BSI in December 2019.

MRSA BSI Community Onset



MRSA Acute BSI – Hospital Onset



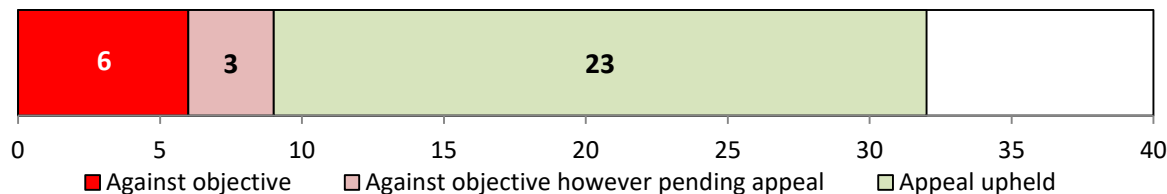
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Healthcare Associated Infections

Clostridium Difficile

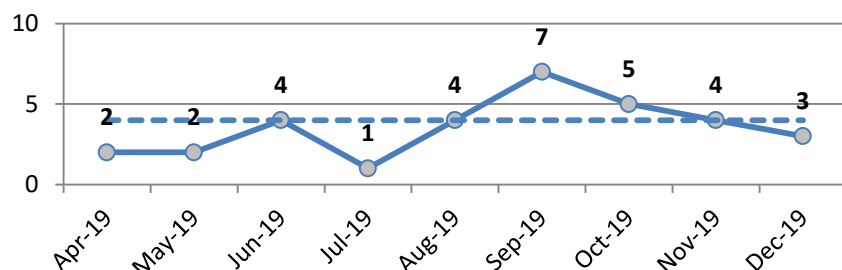
Safe

Health Care Associated *C.diff* cases against objective

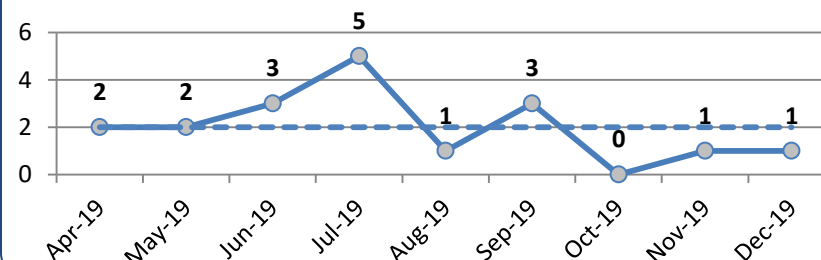


Variance from plan at December 2019
21 under objective

Healthcare Associated Clostridium difficile Infection (CDI) — Median



Indeterminate / Community Associated Clostridium difficile Infection (CDI) — Median



For the period 01/04/19 – 31/12/19 the Trust has reported 32 healthcare associated CDI cases.

23 cases have been successfully presented for appeal with 3 cases currently awaiting joint review meetings. Therefore the trust currently has 9 cases held against the objective of 40.

In December 2019 the Trust reported 3 hospital onset healthcare associated CDI and joint reviews for these cases will be held in January

1 Hospital onset healthcare associated CDI case was reviewed in December, and successfully presented for appeal. The panel identified that the patient had been appropriately assessed on admission, medications were promptly reviewed, excellent documentation of cares provided and no 'lapses in care' were identified.

Feedback was given to the ward manager to be cascaded to the clinical team.

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Healthcare Associated Infections

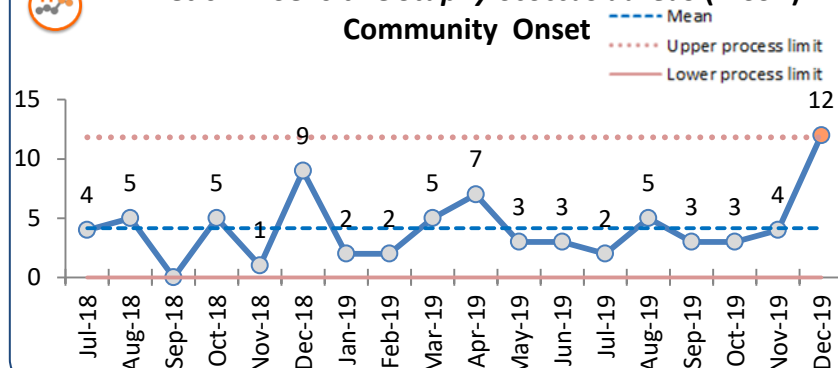
Safe

MSSA & E Coli



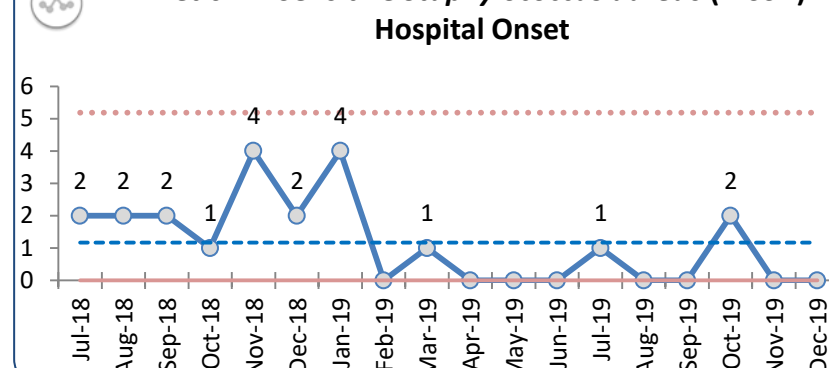
Meticillin Sensitive *Staphylococcus aureus* (MSSA)

Community Onset



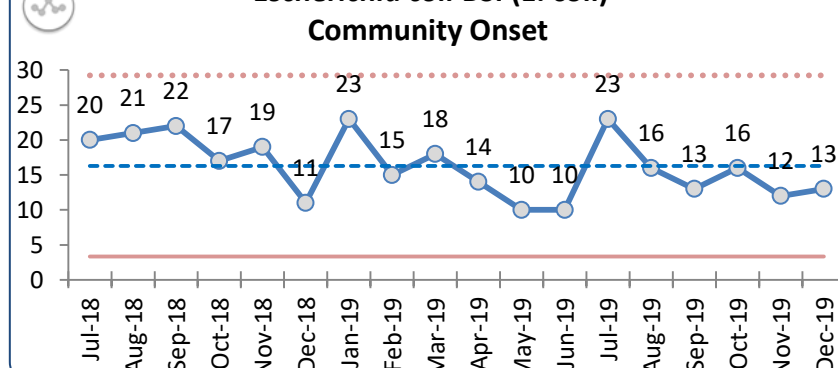
Meticillin Sensitive *Staphylococcus aureus* (MSSA)

Hospital Onset

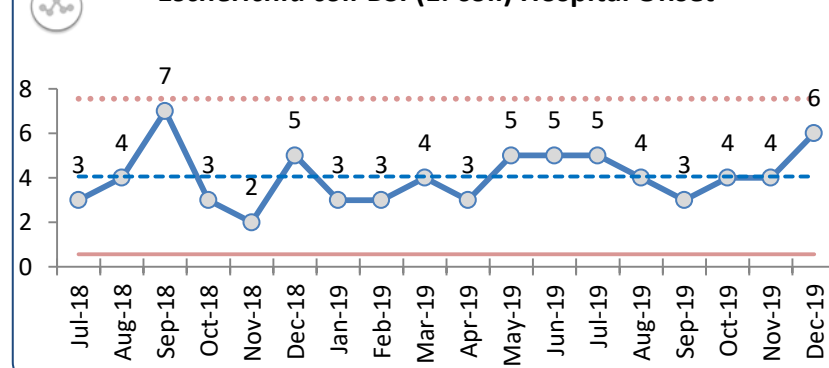


Escherichia coli BSI (E. coli)

Community Onset



Escherichia coli BSI (E. coli) Hospital Onset



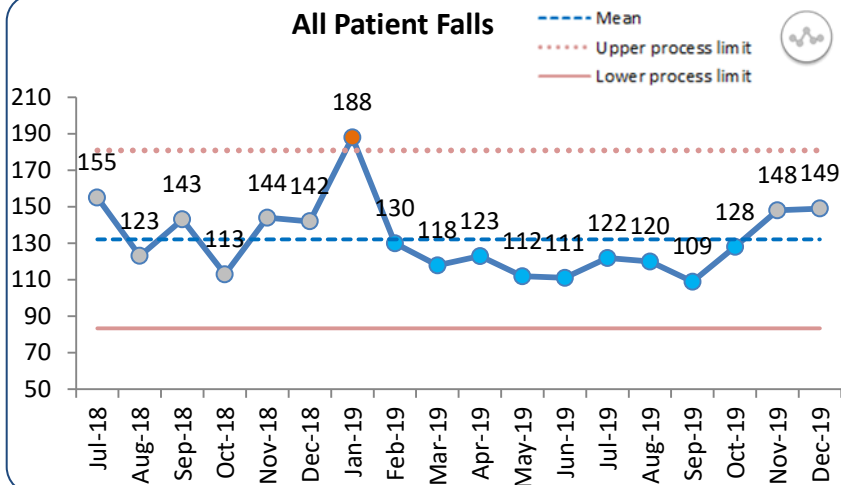
The increase in the number of community onset MSSA BSI is considered to be linked to the increased incidence of influenza in the preceding month.

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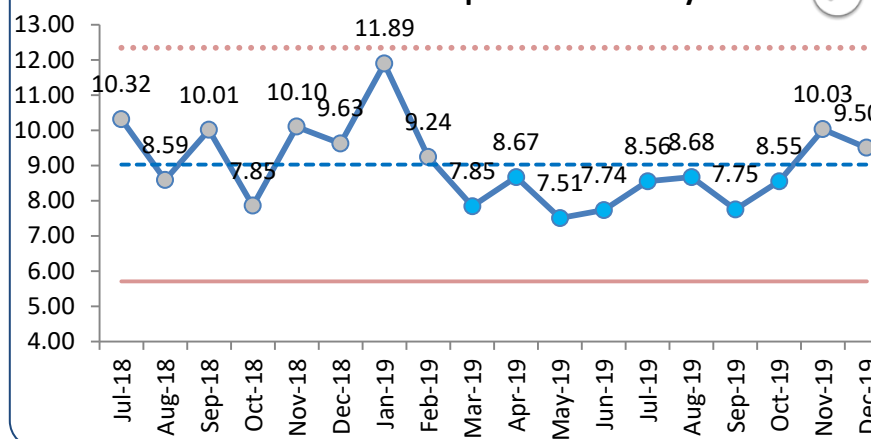
Safe

Falls

All Patient Falls



Patient Falls Rate per 1000 Bed Days



Patient Falls – statistics and learning

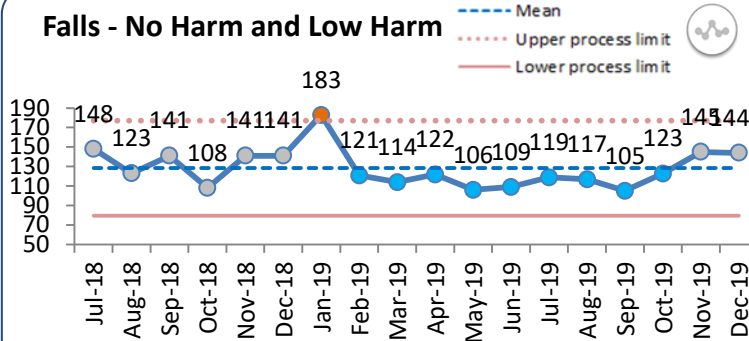
- December 2019 – 149 falls reported; 114 No harm; 30 low harm; 5 moderate harm; 0 severe harm.
- The majority of falls occurred on Care of the Elderly wards, Ward 4 and Craggside.
- In Falls Serious Incident Panel, it has been recognised that some patients have experienced a delay in their injury being identified as staff attending have not suspected serious harm e.g. a fractured neck of femur. These patients have been inpatients on the Mental Health wards and have been medically assessed several hours after the initial fall.
- This has been highlighted within the main Serious Incident Panel and a thematic analysis has been requested of the incidents occurring on these wards where serious harm (including harm resulting from falls) has been identified with the objective of reviewing current processes for obtaining medical review; requesting investigations such as X Ray and transferring patients to A&E and from the orthopaedic team back to the mental health team when appropriate.

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Safe

Falls

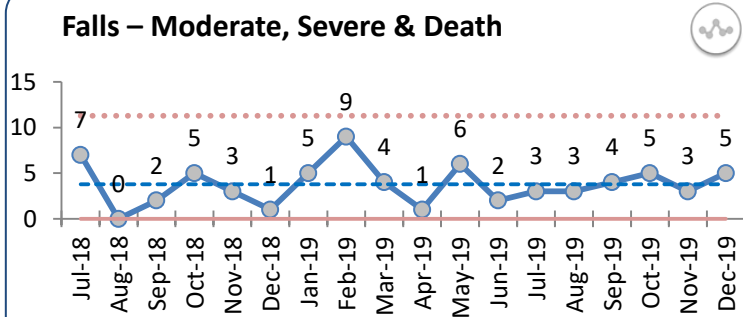
Falls - No Harm and Low Harm



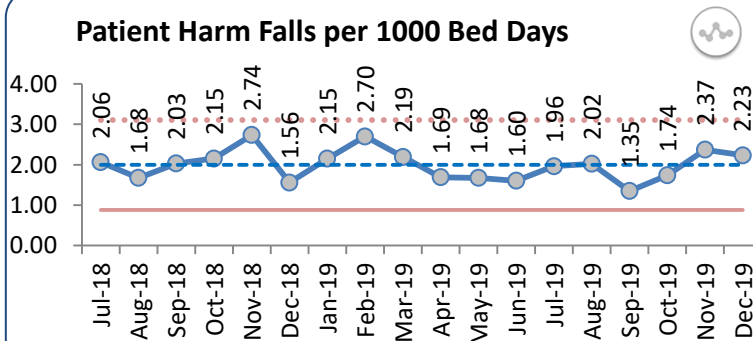
Further learning from Patient Falls

- A member of the Trust Falls Group has developed an Inpatient Post Falls Assessment proforma to assist first responders to appropriately assess the patient for any physical injury and accurately record the actions that are taken when attending a patient who has fallen. Once this is ratified, it is proposed that it will be piloted on Craggside and Sunnyside wards before being rolled out further.
- The Falls Serious Incident Panel has recommended that a Patient Safety Alert is issued to remind all staff that if a long bone injury is suspected, they must transfer the patient using a HoverJack if it is deemed safe to do so.

Falls – Moderate, Severe & Death



Patient Harm Falls per 1000 Bed Days

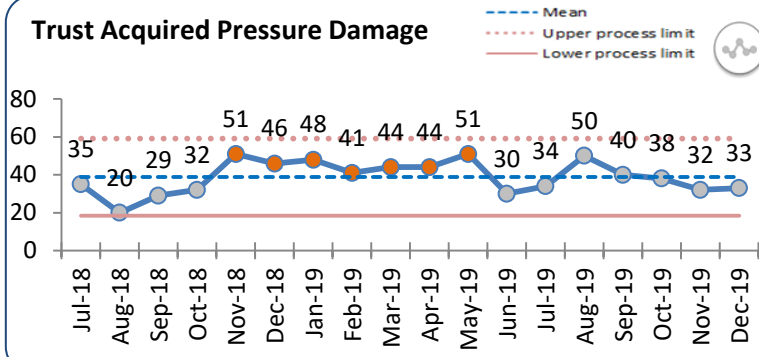


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Safe

Trust & Hospital Acquired Pressure Damage

Trust Acquired Pressure Damage



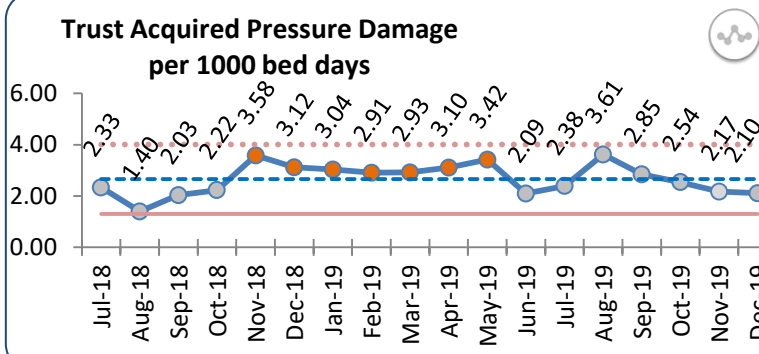
Trust Acquired Pressure Damage

(Category 2 and above including deterioration, unstageable and deep tissue injuries)

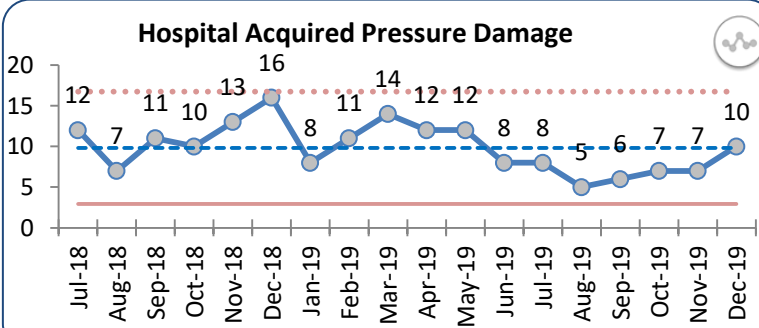
Please note that these figures include pressure damage acquired in both acute and community settings whilst under the care of the Trust.

- Common cause variation displayed from June 2019.
- 33 incidents of Trust acquired pressure damage were reported in December 2019.
- The incidence of reported pressure damage is evenly distributed across community, surgical and medical services.
- 10 incidents observed in an acute setting
 - 5 x category 2
 - 1 x deterioration to category 2
 - 1 x device related category 2
 - 3 x unstageable damage
- 23 incidents observed in a community setting during Trust care
 - 16 x category 2; 1 deterioration to category 2; 1 x Deep tissues injury; 5 x unstageable.

Trust Acquired Pressure Damage
per 1000 bed days



Hospital Acquired Pressure Damage



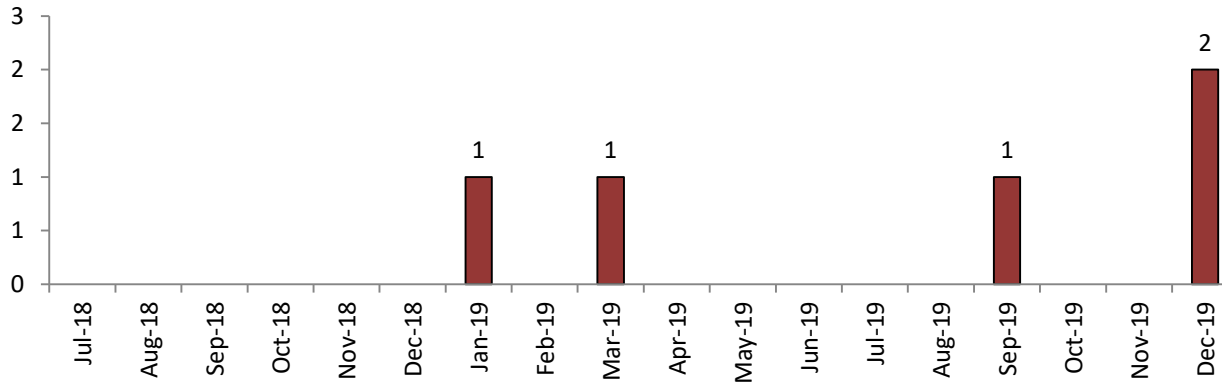
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Safe

Never Events

Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. The Trust operates a zero tolerance approach to Never Events. When Never Events occur a comprehensive investigation is undertaken to identify learning and implement appropriate actions.

Never Events



Never Events

- December 2019 – 2 x wrong implant/prosthesis identified from procedures undertaken in August and October 2015
- September 2019 – Overdose of methotrexate for non-cancer treatment (upgraded to Severe Harm due to prolonged length of stay)
- March 2019 - Wrong Patient for treatment/procedure (Low Harm)
- January 2019 - Incorrect Site for Surgery (Low Harm)

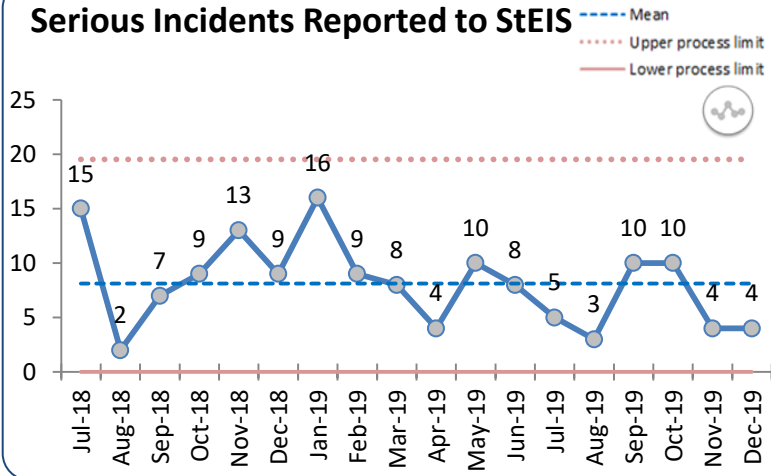
The two most recent Never Events reported in December involve the use of an incorrect component during knee replacement surgery. The Trust was made aware of these historic incidents via the National Joint Registry reporting process. A review of both of these incidents is in progress within the Surgical Business Unit.

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Serious Incidents

Serious Incidents Reported to StEIS



Serious Incidents Reported to StEIS

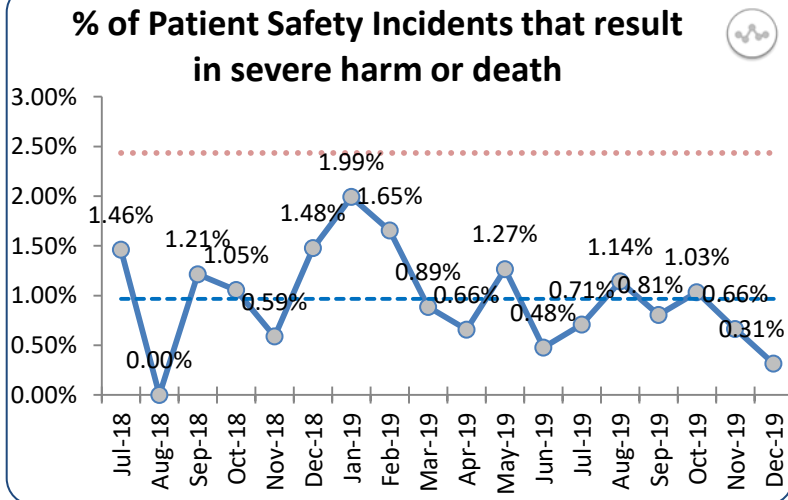
4 serious incidents were reported in December 2019:

- 1 x severe harm fall
- 2 x Historical Never Events - Wrong implant/prosthesis
- 1 x Delay in patient transfer

Learning from SI Review Panel during December

- A number of patient safety incidents have been presented to SI panel which have been considered complications of surgery and this has generated significant discussion amongst senior clinicians from the Surgical Business Unit (SBU).
- It has been acknowledged that there is no standard process throughout the SBU in relation to how cases are reported and reviewed and therefore a process was developed in December to provide clinicians with guidance as to the most appropriate pathway to review such cases.
- The monthly SafeCare meeting will enable a multidisciplinary discussion to take place where all complications of surgery are considered. If this review identifies a possible patient safety incident (via a series of 5 questions which have been added to the datix form), a datix is to be completed and the incident will be discussed at SI panel to assess the level of harm.

% of Patient Safety Incidents that result in severe harm or death

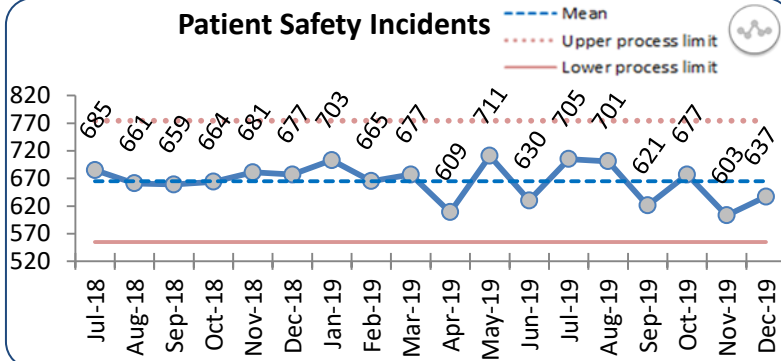


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Safe

Patient Safety Incidents

Patient Safety Incidents



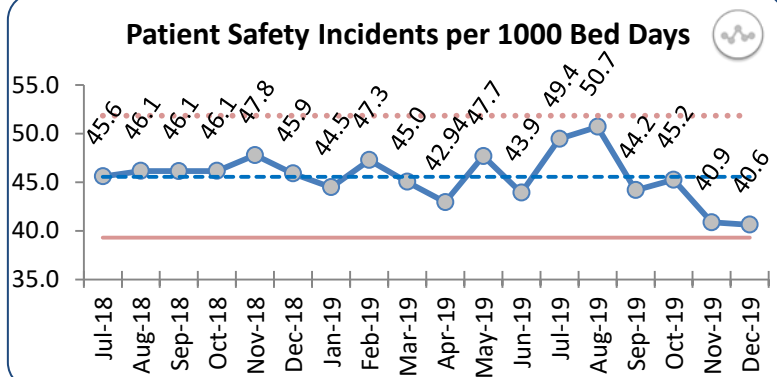
Patient Safety Culture

The NRLS (National Reporting & Learning System) incident reported rate was 34.18 incidents per 1000 bed days in December 2019.

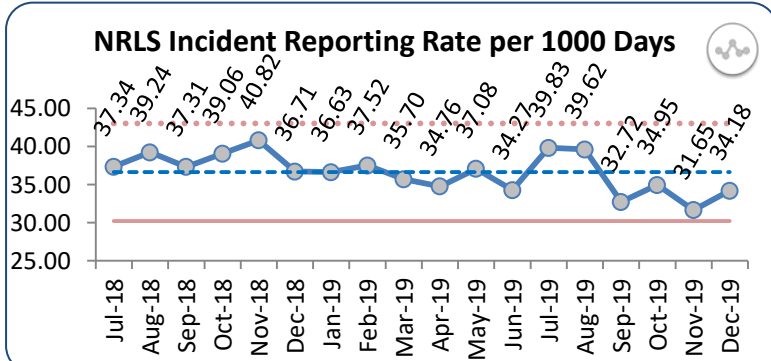
Patient Safety Incidents

- 637 patient safety incidents were reported in December 2019
- The top 5 incident types are listed below:
 - Pressure damage **NB:** all pressure damage (Trust and community Acquired)
 - Patient Falls
 - Medication
 - Pathology Sample Issues
 - Delay / failure to treat / monitor

Patient Safety Incidents per 1000 Bed Days



NRLS Incident Reporting Rate per 1000 Days



Learning from Patient Safety Incidents

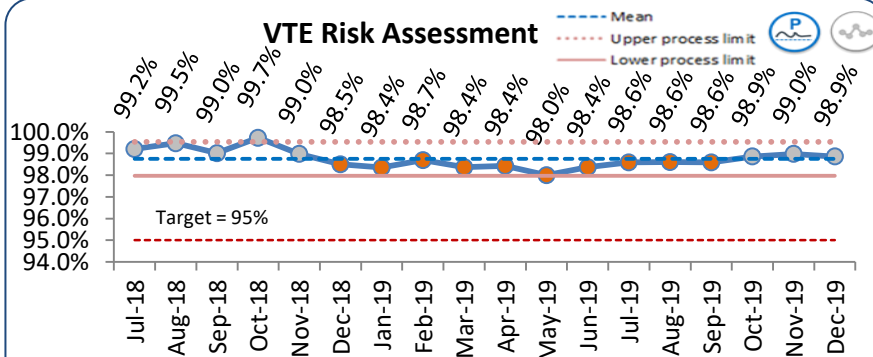
All staff should be assured that reporting incidents is a positive process. The purpose of reporting is to ensure processes and practices are being adhered to, embed a just culture and to ensure best possible outcomes for patients.

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Safe – Other Indicators

Safe

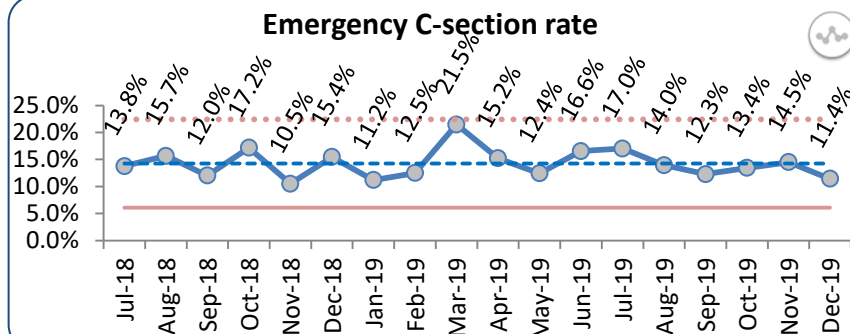
VTE Risk Assessment



VTE Risk Assessment

- 95% target achieved.
- December VTE risk assessment was 98.9% (indicative)
- The Trust consistently achieves the 95% target with variation between 98.0% and 99.7%.
- The Trusts is in the top quartile of Trusts when compared nationally.

Emergency C-section rate

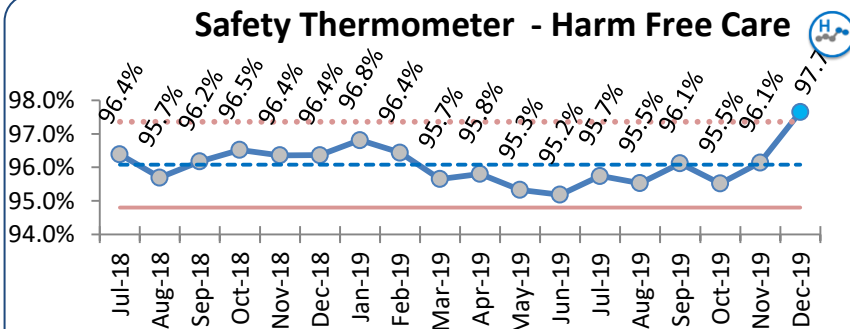


Improvement group have identified 5 work streams aligning to national guidance. This will be monitored through the Mortality and Morbidity Steering group.

Emergency Caesarean-section rate

Displaying common cause variation.

Safety Thermometer - Harm Free Care



Safety Thermometer

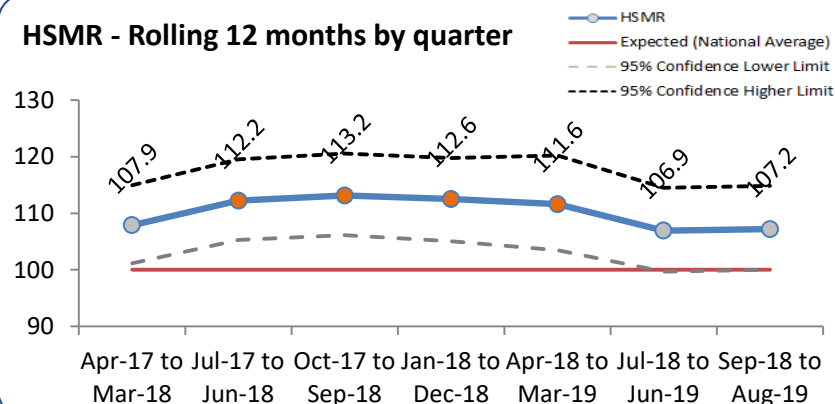
- The Trust continues to demonstrate harm free care in excess of 95%.
- Special cause variation (improvement) observed in December 2019.
- 9 new harms were identified across 767 patients
 - 1 Pressure damage
 - 3 Falls with harm
 - 4 Catheter and UTI
 - 1 VTE

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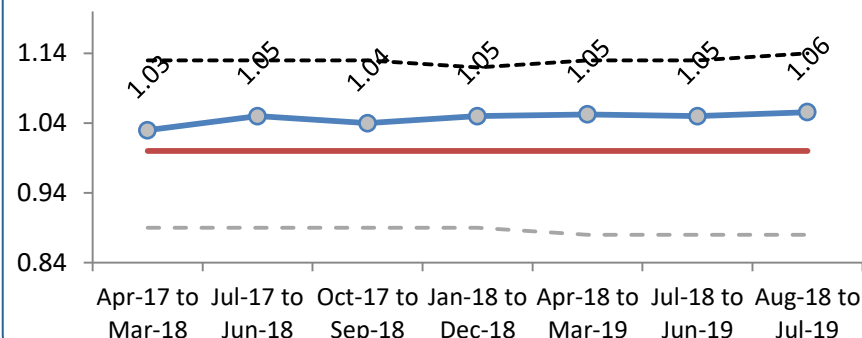
Effective

Mortality

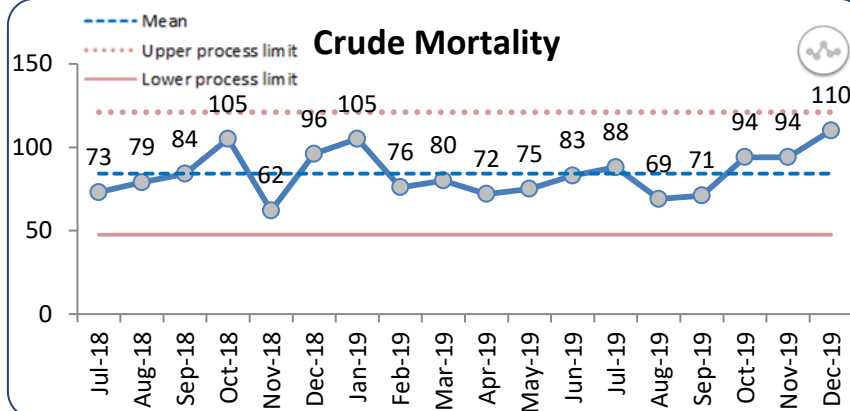
HSMR - Rolling 12 months by quarter



SHMI



Crude Mortality



Mortality Review

Period: December 2018 to November 2019

| | Deaths in period | Deaths reviewed | % |
|----------------------------|------------------|-----------------|-------|
| All Deaths | 1062 | 838 | 78.6% |
| Learning Disability Deaths | 6 | 6 | 100% |

| | Hogan 1 | Hogan 2 | Hogan 3 | Hogan 4 | Hogan 5 | Hogan 6 |
|----------------------------|---------|---------|---------|---------|---------|---------|
| All Deaths | 97.8% | 1.6% | 0.4% | 0.2% | 0.0% | 0.0% |
| Learning Disability Deaths | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

- HSMR – For the most recent 12 months the Trust is demonstrating deaths as expected.
- SHMI – The Trust has consecutive scores of over the England Average (1) and has a banding of 'As Expected'.
- Crude mortality for inpatient deaths is displaying common cause variation.
- Mortality review compliance is 78.6% of deaths reviewed; of which 97.8% assessed in 'Definitely not preventable' category.
- 6 of 6 Learning Disability deaths reviewed; 100% definitely not preventable.

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Learning From Deaths

Effective

Learning from Mortality Council – December 2019

Case One

Level 1 review outcome – Hogan 1 and NCEPOD 1

Reason for referral to Mortality Council – Random selected quality check

Learning: Good practice identified in relation to end of life care, patient in preferred place of care home, but due to situation change admission to hospital arranged after discussion with GP and family. Good documentation throughout the patient's records. DNACPR in place appropriately.

Outcome: [Mortality Council Level 2 review outcome – Hogan 1 and NCEPOD 1](#)

Action: No further action required.

Case Two

Level 1 review outcome – Hogan 3 and NCEPOD 3

Reason for referral to Mortality Council – Hogan score

Learning: GP handover form from admission noted a patient medication allergy, verbal handover given to care home. Care Homes do not automatically receive electronic copies of GP handover form. Issues raised in relation to communicating information to care homes, current mechanisms are unsatisfactory and gaps identified in current policy.

Outcome: [Scoring to reviewed/completed post serious incident investigation](#)

Action: Serious Incident investigation to be instigated which will identify all learning aspects and actions required.

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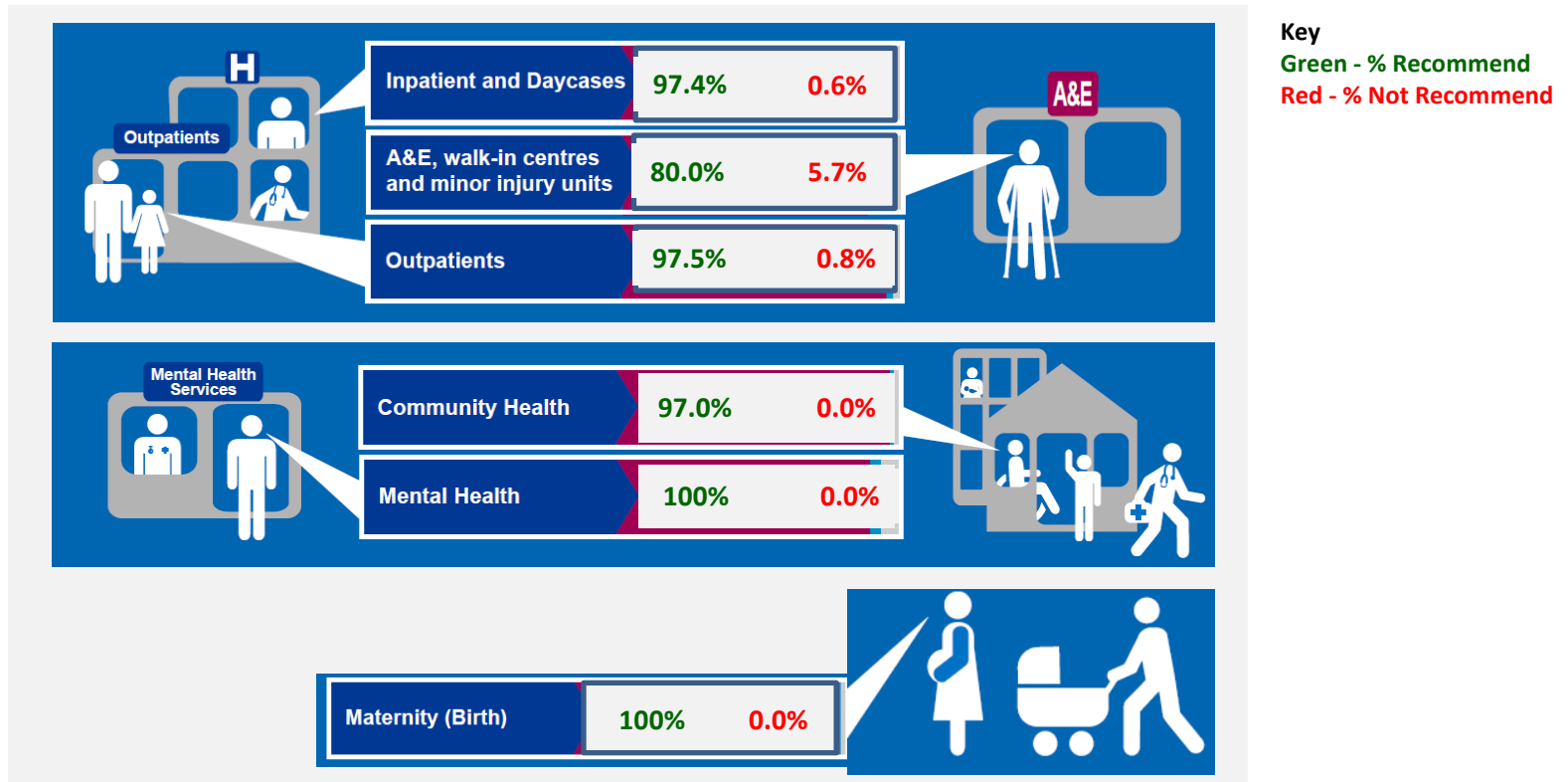
Caring

The NHS Friends and Family Test See how we did in December 2019



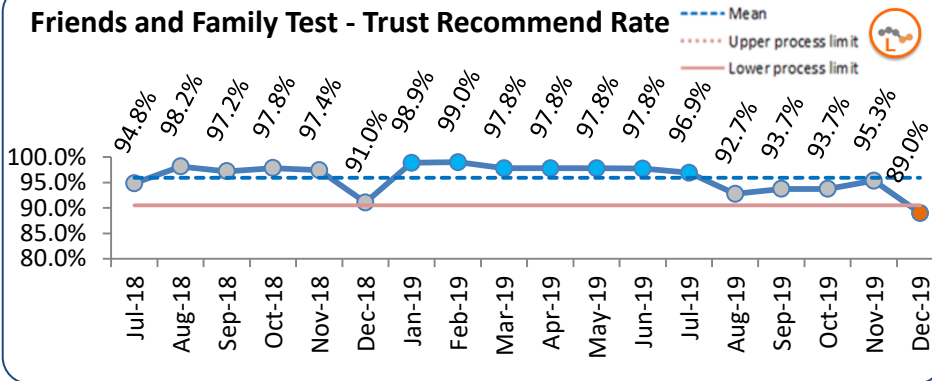
In December 2019 the Trust received 2,734 responses. 89.0% of patients would recommend the services to friends and family.

The following numbers show the proportion of people that would recommend or not recommend these services to a friend or family member if they needed similar care or treatment.



NHS
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NHS Foundation Trust

Caring



- The friends and family test recommend rate for December was 89.0%.
- The A&E recommend rate was 80% for December. This coincides with pressures in A&E throughout December and increased waiting times observed.

'Very impressed with the skill and expertise of the team involved with my care (names removed). Extremely efficient and reassuring about my concerns and difficulties. Also grateful for the convenient appointment slot and short waiting time for it'.

Long waiting time but staff
polite, knowledgeable and
empathetic

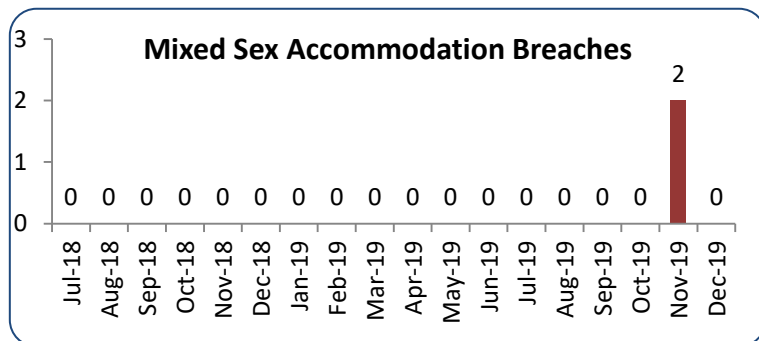
Amazing staff. All make you feel calm and relaxed. Very friendly, caring and compassionate attitude. Thank you all for making a heart-breaking day more bearable

[illegible]

Integrated Quality and Learning Report

Caring – Other Indicators

Caring



12 hour wait in A&E

A&E has a waiting time target whereby 95% of patients should be admitted, transferred or discharged within four hours. In addition, no patient should wait more than 12 hours in A&E from the decision to admit (DTA).

In December 2019 we had 1 patient who waited over the period of 12 hrs (12 hours 11 mins) for admission. Duty of candour was carried out and there was no patient harm and the patient was complimentary about their care.

The Trust was experiencing significant operational pressure on the day, reporting high OPEL 2 going into OPEL 3 and there was significant clinical and managerial/director input. Additional escalation areas were opened and staffed. Mutual aid was requested from neighbouring organisations and the regional surge team conference calls were initiated by the Trust.

A new operational model is being piloted with a designated senior team to work along side patient flow to enable focus on reducing long waits for patients requiring admission to hospital, improving the 4 hour waiting times and importantly ensuring quality and safety of patient care.

Mixed-sex Accommodation Breaches

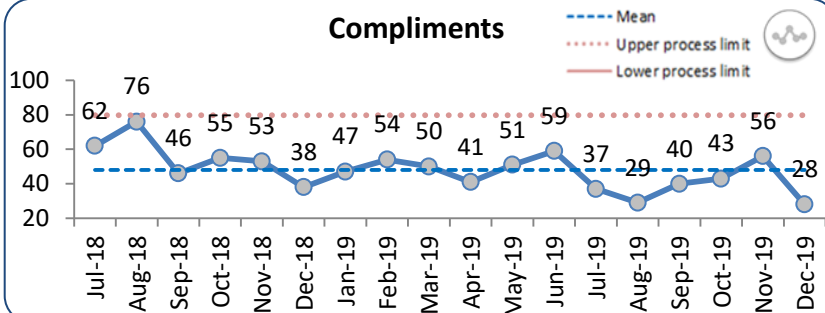
0 mixed sex accommodation breaches reported in December.

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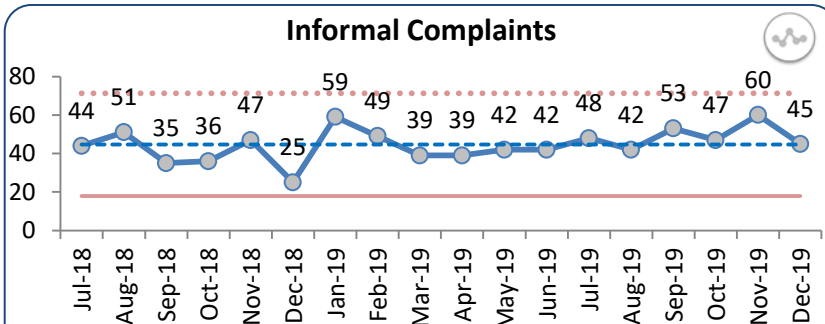
Responsive

Learning From Compliments and Complaints

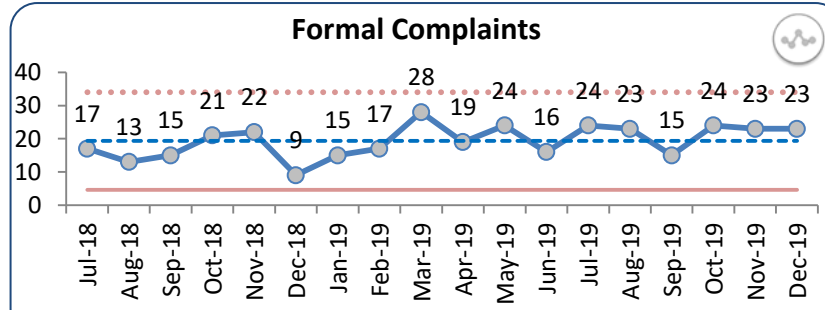
Compliments



Informal Complaints



Formal Complaints



Common cause variation is displayed

The Top 5 themes identified in complaints were:

- Clinical Treatment - patient/family perceptions of poor medical care (9)
- Communications - verbal (7)
- Values & behaviour of staff (4)
- Appointments including delays and cancellations (2)
- Admissions, discharges & transfers (1)

Learning and Improvement within the Theme of Communication

Description

Delayed confirmation of miscarriage to patient. Following confirmation, no further information was given/counselling.

Lessons learned

After receiving the complaint, the specialist nurses developed a proforma for doctors to use when communicating with patients to ensure all aspects of appropriate information or signposting is discussed enabling patients to have the opportunity to ask any questions they may have.

Breakdown of Formal Complaints by clinical area:

| | |
|-------------------------|---------------------------|
| Emergency Care (4) | Obstetrics (3) |
| Gynaecology (2) | Acute Medicine (2) |
| General Surgery (2) | Gastroenterology (2) |
| Planned Care (2) | Therapy Services (1) |
| Wraparound Services (1) | Trauma & Orthopaedics (1) |
| Respiratory (1) | Cardiology (1) |
| Screening Services (1) | |

Staff Flu Vaccinations

| Description | Expected Levels | Current performance (as at 07.01.2020) |
|---|-----------------|---|
| CCG2 – 80% uptake of flu vaccinations by frontline clinical staff between 1 September 2019 and 28 February 2020 | 60%-80% | 76.6% |

The number of people who have been hospitalised by flu is 10 times higher than the same time last year – which means it's vital that we all recognise our responsibility to protect our patients, ourselves and our families.

According to Public Health England (PHE), the total number of people hospitalised with flu has now reached 3,152 this season - compared with only 331 last year.

Uptake of vaccination for our staff is key to delivering a successful winter plan. The Trusts social media campaigns continue to advertise the importance of flu vaccination and the significant risks associated with getting flu.

It isn't too late for staff who haven't yet had their vaccination to do so and can access this by

- contact the Occupational Health team ext 5494.
- drop-in clinic at Occupational Health at the QE Hospital every Tuesday, Wednesday and Friday morning, 08.30 – 11.30.

Integrated Quality and Learning Report

Single Oversight Framework

The report below is the most recent Single Oversight Framework - Quality of Care report for the Trust produced by NHS Improvement - Model Hospital







Report Date: 8th December 2019

| Single Oversight Framework | Data Period | | Trust Value | Performance Band Description | Peer median | National median |
|---|-------------|--|----------------------------|------------------------------|-----------------------|-----------------|
| Single Oversight Framework segment | Nov-19 | | 2 - Targeted support offer | | | |
| CQC Inspection Ratings (Latest at reporting date) | | | | | | |
| CQC Inspection Rating: Overall | Nov-19 | | Good | | | |
| CQC Inspection Rating: Caring | Nov-19 | | Outstanding | | | |
| CQC Inspection Rating: Effective | Nov-19 | | Good | | | |
| CQC Inspection Rating: Responsive | Nov-19 | | Good | | | |
| CQC Inspection Rating: Safe | Nov-19 | | Good | | | |
| CQC Inspection Rating: Well-Led | Nov-19 | | Good | | | |
| Friends and Family Test scores | | | | | | |
| Staff Friends and Family Test % Recommended - Care | Q2 2019/20 | | 94.0% | In quartile 4 - Highest 25% | 81.1% | 80.9% |
| A&E Scores from Friends and Family Test - % positive | Nov-19 | | 91.4% | In quartile 4 - Highest 25% | 83.0% | 85.6% |
| Inpatient Scores from Friends and Family Test - % positive | Nov-19 | | 98.8% | In quartile 4 - Highest 25% | 96.8% | 96.2% |
| Community Scores from Friends and Family Test - % positive | Nov-19 | | 100.0% | In quartile 4 - Highest 25% | 98.0% | 97.1% |
| Maternity Scores from Friends and Family Test -question 2 Birth % positive | Nov-19 | | 97.1% | In quartile 2 - Mid-Low 25% | 98.7% | 97.9% |
| Organisational Health | | | | | | |
| CQC Inpatient Survey | Sep-17 | | 8.5 | In quartile 4 - Highest 25% | 8.2 | 8.1 |
| Caring | | | | | | |
| Written Complaints Rate | Q2 2019-20 | | 15.34 | In quartile 1 - Lowest 25% | 19.61 | 23.66 |
| Safe | | | | | | |
| Central Alerting System - Patient Safety Alerts not completed by deadline | Dec-19 | | 3 | In quartile 4 - Highest 25% | 0 | N/A |
| Never events | Dec-19 | | 1 | In quartile - Lowest 25% | 2 | 1 |
| Emergency c-section rate | Oct-19 | | 11.97% | In quartile 1 - Lowest 25% | 13.84% | 16.32% |
| VTE Risk Assessment | Q2 2019/20 | | 98.59% | In quartile 4 - Highest 25% | 95.82% | 96.06% |
| Clostridium Difficile - infection rate | To Mar 2019 | | 11.11 | In quartile 2 - Mid-High 25% | 11.19 | 11.11 |
| MRSA bacteraemias | To Apr 2019 | | 1.11 | In quartile 3 - Mid-High 25% | 0.42 | 0.58 |
| Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) | Apr-19 | | 149 | In quartile 4 - Highest 25% | 140 | 129 |
| Meticillin-sensitive staphylococcus aureus (MSSA) rates to quality indicators | Apr-19 | | 9 | In quartile 2 - Mid-High 25% | 10 | 9 |
| Safe | | | | | Peer Benchmark | |
| | | | | | median | value |
| Potential under-reporting of patient safety incidents | Mar-19 | | -0.82 | Below the benchmark | N/A | -2.0 |
| Clostridium Difficile - variance from plan | Mar-19 | | -1.0 | Below the benchmark | 0.0 | 0.0 |
| Effective | | | | | Peer Benchmark | |
| | | | | | median | value |
| Summary Hospital Mortality Indicator (SHMI) | Jan-20 | | 1.06 | In quartile 3 - Mid-High 25% | N/A | 1.01 |

Integrated Quality and Learning Report

Single Oversight Framework

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale. For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

| | | |
|---|-------------|--|
|  | Green | Either <ul style="list-style-type: none"> • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale |
|  | Amber/green | Either <ul style="list-style-type: none"> • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity |
|  | Amber/red | Either <ul style="list-style-type: none"> • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity |
|  | Amber | Performance approaching benchmark, in a chart using a red-amber-green scale |
|  | Red | Either <ul style="list-style-type: none"> • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale |
|  | Blue | We have not judged whether a high or low quartile is more desirable. |