

ITEM: 08/165

DOC: 4

Meeting: Trust Board
Date: 19 November 2008

Title: Dashboard Report

Executive Summary: The Trust's dashboard report has evolved since its initial development following input from Non Executive Directors and Executive Directors to determine the key performance indicators (KPIs) that enable performance management by the Board. The dashboard has been reviewed again as part of this evolutionary process. The overall domains remain unchanged; however KPIs within the domains have changed in some instances and new KPIs have also been identified. The paper enclosed provides details of the changes to KPIs. Where possible, and appropriate, Trust performance is measured against national benchmarks. Where there are no national targets or benchmarks for KPIs, local targets have now been set, and these are highlighted within the drill down KPI report of each domain so that the Board can see what the Trust's performance is for each. Data sources are now referenced as are the period for which the data relates to and the frequency of refresh.

Progress is now underway to digitalise the dashboard. Phase one of the project will focus on option appraisal through a fully developed business case. A specification to develop a project initiation document is currently being drawn up underpinned by a newly developed information management strategy and data quality strategy and this phase is due to complete in March 2009. Phase 2 of the project will focus on procurement and implementation and is scheduled to complete in Q4 of 2009/10.

The digitalised dashboard will provide an improved visual presentation and easy drill down of information where required. Also included in this development will be Directorate and Divisional dashboards and this development will be linked to Service Line Reporting, enabling performance management of business units to individual patient level. This functionality will be developed with managers and clinicians and facilitate quality and financial improvements through improved data quality and access. The Board will be provided with updates of the project throughout both phases.

Performance exception report

- There is one red rated KPI to report and this is the MRSA performance within the access and targets domain. Detail of this will be reported to the board as a separate item at today's meeting.
- The finance domain is now rated green throughout and this reflects an improvement in performance since last month when performance against the CIP was red rated. The CIP is now on target and details of this will be provided through the finance report.

Action: To:

- note and discuss performance within the domains
- comment on the changes to the dashboard

Report from:	Fiona Elliott, Director of Planning and Performance
Financial Validation Lead: Director of Finance	Tim Jaggard, Deputy Director of Finance
Compliance with statute, directions, policy, guidance Lead: All directors	Reference: "The Intelligent Board" Report
Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	Reference: n/a
Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	Reference: n/a
Evidence for self-certification under the Monitor compliance regime Lead: All directors	Compliance framework reference: Appendix C3

Dashboard development

The dashboard has been reviewed and changes made again as part of the development process to enable performance management by the Board. The overall domains remain unchanged; however KPIs within the domains have changed in some instances and new KPIs have been identified as follows:

1. Clinical Quality Domain

1.1 KPIs that remain unchanged

- Adverse incidents
- Standardised mortality rate
- Mortality in hospital against a peer group of London Hospital
- Whittington Hospital avoidable mortality run chart
- Readmissions against a peer group of London Hospital

1.2 KPIs that have been removed

Old KPI	New KPI	Rationale
Avoidable mortality by PCT population	Standardised mortality rate by speciality – Whittington hospital	Old KPI added no value in terms of Trust performance management. New KPI will indicate whether there are specialities that require particular attention.
Whittington hospital readmission rate	Readmissions national standardised benchmark over time	Readmission also monitored in dashboard as standardised rate against a peer group of similar London hospitals and together these KPIs give a better indication of the Trust's performance.

1.3 Newly added KPI

'Never events'

A recommendation in *High Quality Care for All* proposed that there should be a way of identifying and monitoring 'Never Events'. These are events that are serious and largely preventable. The National Patient Safety Agency has been tasked to take this work forward with key stakeholders and monitoring of 'Never Events' will form part of future contracts with commissioners. The purpose of developing a national set of Never Events is to reduce serious incidents and improve transparency. Never Events can be indicators of how effective an organisation is at implementing safer practices.

The National Patient Safety Agency is working with the NHS to develop a national set of Never Events and guidelines for their use during 2009/10. An initial list of Never Events has been developed. From next year, Lord Darzi proposed that Primary Care Trusts will choose priorities from this list in their annual operating plan.

Primary Care Trusts will be able to use the national set of Never Events as part of their contract agreements with providers during 2009/10. During this first year implementation will focus on promoting clear reporting and management systems for Never Events. The experience from the first year will be used to work with the NHS and Department of Health to define linkages to payment regimes from 2010/11 onwards.

NPSA’s proposed list of Never Events that are applicable to Acute Trusts:

1. Wrong site surgery

Definition: A surgical intervention performed on the wrong site (e.g. wrong knee, wrong eye, wrong limb, wrong organ); the incident is detected after the operation and the patient requires further surgery, on the correct site, and/or may have complications following the wrong surgery.

2. Retained instrument post-operation

Definition: One or more instruments retained following an operative procedure.

3. Wrong route administration of chemotherapy

Definition: Intravenous or other chemotherapy (e.g. vincristine) that is correctly prescribed but administered via the wrong route.

4. Misplaced naso or orogastric tube not detected prior to use

Definition: Naso or orogastric tube placed in the respiratory tract rather than the intestinal tract and not detected prior to commencing feeding or other use.

5. In-hospital maternal death from post-partum haemorrhage after elective Caesarean Section

Definition: In-hospital death of a mother as a result of a haemorrhage following elective Caesarean Section.

6. IV administration of concentrated potassium chloride

Definition: Intravenous administration of concentrated potassium chloride.

Data collection, archiving and analysis for the ‘Never Event’ KPI is underdevelopment and reporting to the Board will follow in future months

2. Patient experience domain

2.1 KPIs that remain unchanged

- o Complaints
- o Hospital cancellations
- o Cleanliness

2.2 KPIs that have been removed

Old KPI	New KPI	Rationale
Combined Whittington promise score	Net promoter score	Indicator of choice for patient experience in the Board approved customer focused marketing strategy

2.3 Newly added KPIs

The patient survey

The previous overall patient survey results KPI has been broken down into its four component parts which reflect the scores received for each of the questions asked:

- Overall how would you rate the care you received?
- Did you feel you were treated with dignity and respect?
- Were you involved in the decisions about your care?
- How clean was the hospital room, or ward you were in?

This allows the Board to determine whether there are any specific aspects of performance against patient experience which are less than favourable and require closer attention.

Single sexed accommodation

Nationally there is a greater emphasis on improving patient experience through segregation of sexes in single sex accommodation.

Introduction of this KPI will allow the Board to monitor Trust performance against this key indicator of patient experience, which is included in the national patient survey, and the measures the Trust is undertaking to improve performance.

Data collection, archiving and analysis for the 'single sexed accommodation' KPI is underdevelopment and reporting to the Board will follow in future months

3 Access and Targets

All existing KPIs remain unchanged in this domain. Additional information is provided as follows:

- Cumulative post 48-hour performance against MRSA target
All MRSA bacteraemia cases diagnosed in in-patients at the Hospital count towards the Whittington's performance. Prevention of post 48-hours cases are within the Trust's control and this provides the Board with a clearer breakdown of the impact of each patient groups (pre and post 48-hours) on overall Trust performance.
- Cases per bed day of MRSA and C.Diff
This information provides the Boards with an indication of MRSA and C.Diff rates against overall activity.
- Infection Control – MRSA screening
The Trust has commenced screening for MRSA on admission for emergency and elective patients and will soon be starting to screen day case patients. Screening patients provides the Trust with an early indication of colonisation and enables suppression therapy and isolation of infected patients, and greater control for preventing MRSA bacteraemias.
Patient's MRSA status is recorded on the Patient Administration System and this will highlight patients previously infected with MRSA should they be readmitted in the future. This immediately indicates that the patient is at risk of MRSA bacteraemia and that infection control advice should be sought.

Data collection, archiving and analysis for the 'MRSA screening' KPI is underdevelopment and reporting to the Board will follow in future months

4 Strategy

There are no changes to this domain. Additional KPIs are underdevelopment which will give a greater commercial focus to this domain and they are:

Competitor analysis, which will indicate levels of market share for the RFH, UCLH and the North Middlesex Hospital.

Market volume, which will indicate whether overall activity in the sector by commissioner is static, growing or shrinking.

These KPIs will assist in the analysis of the Whittington's competitive position in the market and together with Service Line Reporting will assist with the analysis of the impacts of Healthcare for London and World Class Commissioning on business activity.

Data collection, archiving and analysis for the 'MRSA screening' KPI is underdevelopment and reporting to the Board will follow in future months

5 Workforce and efficiency

KPIs remain unchanged

6 Finance

KPIs remain unchanged