

Part 2 - Proposed Changes to the Dashboard

The current dashboard has only had minor amendments since its inception. The environment and context within which the Trust now operates has changed and the dashboard is due for revision to reflect this.

The main drivers for change are as follows:

- The revised 2010/11 Operating Framework for the NHS
- Service Level Agreement issues – specifically the CQUINs and key performance indicators that have financial consequences
- The demise of the annual health check annual assessment
- The need to update a number of targets for this year and beyond

The six domains of the dashboard still reflect the main areas of focus for the Trust and it not proposed to change these. However there have been changes to a number of the areas or parameters measured under each domain, most significantly the Access & Targets Domain.

Access and Target Domain

Although a number of targets are no longer used to performance manage the Trust, they are still monitored and all are included within the SLA. For this reason this domain will no longer be structured around the annual health check assessment, but will have more of an SLA focus.

To this end it is proposed that this domain will be divided into two sections:
Section 1) National standards covering access to clinical services and treatment times, and
Section 2) SLA key performance indicators

The new national standard indicators are:

- Median wait for ED 4 hour standard
- Median wait for 18 week referral to treatment – non admitted
- Median wait for 18 week referral to treatment – admitted
- Consultant to consultant referrals (SLA)

Indicators that are no longer measured to be deleted are:

- Inpatients waiting over 26 weeks
- Outpatients waiting over 13 weeks
- Obesity
- Participation in audits
- Stroke care
- Benchmark data for healthcare acquired infections

Indicators that exist but need to be moved into Access and Target Domain are:

- Single sex indicator (from Patient Experience - although the survey questions covering this area would remain in patient experience).
- Outpatient follow up ratio indicator (from Workforce & Efficiency)

Note: Both these indicators plus consultant to consultant referrals have financial penalties within the SLA

- Data Quality targets: (i) Activity with a U-code HRG (implies no income for this activity; target = zero) (ii) NHS number completeness (national requirement)

Issues for discussion:

- HCAI – the MRSA and Clostridium difficile indicators are currently reported under Access and targets – should they move to Clinical Quality?
- Readmissions – this is currently in Clinical Quality, but with plans to financially penalise should move into Access & Targets.
(Note: The Operating Framework states that readmissions within 30 days are the responsibility of providers where avoidable readmissions due to poor quality care are not reimbursed. There are no operational definitions of “poor quality care” nor how local commissioners will want to use this. The existing readmissions indicator in Clinical Quality is from Dr Fosters.)

Clinical Quality Domain

See above for the discussion on HCAI & Readmissions

New indicator

- Progress on CQUIN achievement. A high level indicator showing progress against plan for the achievement of the CQUIN schemes.
- HSMR – there are several different versions of HSMR. Further work is underway to investigate the differences between the versions and which one the Trust wants to use.
- Deaths in low risk conditions – there is still no guidance from the Care Quality Commission on this metric. Until there is clarity the Dr Foster patient safety indicator will continue to be used.

Strategy Domain

It is not proposed to change the market share analysis although new targets for 2010/2011 will need to be established.

New indicators

It is not currently proposed to develop indicators around the development of an ICO as the Board will receive separate reports on that process, however this will need to be revisited in 6-12 months time.

Patient Experience Domain

No changes are proposed other than the move of the single sex accommodation breaches to the Access and Targets domain.

Workforce & Efficiency Domain

It is proposed that this domain is renamed QIPP and all productivity measures excluding those with SLA financial penalties (such as follow up ratios) are reported in this section. This will include theatre utilisation, which will now be measurable following the full roll out of the 'ORMIS' theatre system, length of stay, DNAs, and other key benchmark data.

Finance Domain

Separate proposals will be developed by the Finance department to update the finance domain in the dashboard.

Thresholds

A further analysis also needs to be undertaken to review the threshold definitions that determine the RAG rating on the summary sheet. For example complaints are currently showing as green rated due the measure of performance being the volume of complaints as opposed to other more meaningful measures such as, for example, satisfied/dissatisfied, and turnaround times. A review of the measures and thresholds for each domain will be undertaken with the lead Director concerned and revised proposals brought to the Trust Board for agreement.