Introduction

There is a dashboard development programme under way to further develop dashboard reporting across the Trust. The programme comprises the following projects:

- A Quality & Safety Dashboard covered by this report
- Divisional Dashboards for divisional clinicians and management teams
- An electronic reporting tool
- After the preceding developments have been completed, changes to the Trust Dashboard to reflect the revised reporting arrangements

The development of a dashboard is an iterative process and the first version of the Quality & Safety Dashboard is presented here at Appendix A.

The design principles used in the development of the report are

- A. Include indicators specified in the NHS Outcomes Framework
- B. Exclude indicators that have a separate reporting structure via another committee (e.g. Clinical Audit Committee)
- C. Exclude indicators that are not measured on a regular basis (e.g. annual indicators)
- D. Indicators should be capable of being measured by division
- E. Additional detail will be provided on an exception basis. All indicators red or amber rated must have more information to inform the performance review.

The focus of this dashboard is very much around outcomes and performance. It does not address regulatory or other compliance issues.

Alongside the Dashboard itself, a data dictionary is under development providing a full specification of the indicators.

The dashboard is a snapshot of performance and the red, amber, green ratings are essentially arbitrary but define a standard of performance to be achieved. To further understand performance of an indicator, run charts are used to assess whether performance is improving or deteriorating and this type of information will be included in the drill down from the main dashboard.

A number of indicators are under development and currently blank in the report. These indicators will be populated as the data is available.

Indicator	Development issue	Timetable for completion
Grade 3/4 pressure ulcers	Divisional breakdown of Trust wide data	November report
Falls in hospital	Further analysis of DATIX information	November report
Hospital acquired VTE	Measurement process still being considered	December report
Appropriate prophylaxis	Audit process in place – analysis of results under way	December report
Helping older people regain their independence	No data, definition to be agreed	January report
Emergency readmission rate	Data analysis under way	November report
Safeguarding	Identification of key indicators out of the larger safeguarding reports. Is there an adult safeguarding report?	January report

Indicator	Development issue	Timetable for completion
Complaints responded in time	Divisional breakdown of Trust wide data	November report
Learning difficulties	No indicator Will require development plus refinement of data collection	January report
Turnover	Divisional breakdown of Trust wide data	November report
Vacancy rates	Divisional breakdown of Trust wide data	November report

Divisional Input

These quality indicators will also be included within the Divisional Dashboards and it is expected that the commentary of divisions will be incorporated into this Quality & Safety Dashboard report. However there are timetable and sequencing issues to be resolved and the divisional dashboard programme is addressing these points. The review below is presented without the input of divisional managers and clinicians as there has not been a process in place nor the time to undertake this activity for the current version of the report. As a result the full explanation and what action plans are in place to address these issues is not available for this report.

Review of Quality & Safety Dashboard

Further information is provided for all red and amber rated indicators in Appendix B.

1. MRSA bacteraemia – rated amber although the Trust is on trajectory. The annual maximum number of cases is just three and there has been one cases to date (in July). There is still a high risk to meeting this standard.

2. Grade 3/4 Pressure ulcers. Data is still limited at the moment although more cases are now being reported on DATIX. Once more data is available and further analysis by division has been undertaken then the thresholds for RAG performance can be revised.

3. VTE screening. Please refer to the additional detail in Appendix B. Surgery areas have poor performance and the excellent performance in other areas is bringing the overall Trust performance above the 90% standard.

4. Emergency admission rates for long term conditions (LTC). Admission rates for LTC are not moving in either direction. The project work in Integrated Care & Medicine on ambulatory emergency care and readmission avoidance is only just starting and specific reduction targets have yet to be set. Performance is current assessed on the basis of the run charts (showing no improvement or deterioration).

5. Emergency admission rates for VTE. Similar to the Emergency Admission rate for LTC as the project work to redesign pathways has just begun. However the baseline data is now available. Surgery and Women, Children & Families divisions are green rated as they have zero admissions for VTE.

6. Net promoter scores. There are issues around data collection as some areas are not measuring this indicator and in other areas there are low volumes of data that make the information unsafe to use. The ED department is red rated even though we have no recent data (building work for the urgent care centre made the kiosk unavailable to use; this is being reviewed). All previous NPS scores for the ED department have been less than zero.

7. Cleanliness. Please refer to Appendix B for the cleaning scores by area.

8. Sickness rates. Women, Children & Families have a very high rate (4.5%) and active management of individuals is under way.

9. Mandatory training. The target for mandatory training completeness was raised recently to 95%. Performance in divisions ranges from 71%-78%.

Conclusions & recommendations

The Quality & Safety Committee is asked

   a) To note the progress in the development of the dashboard report and that this is an iterative process

   b) To review and comment on the content of the domain areas in the report

   c) To review and comment on the performance reported in the domain areas

   d) To agree the development process described in the report