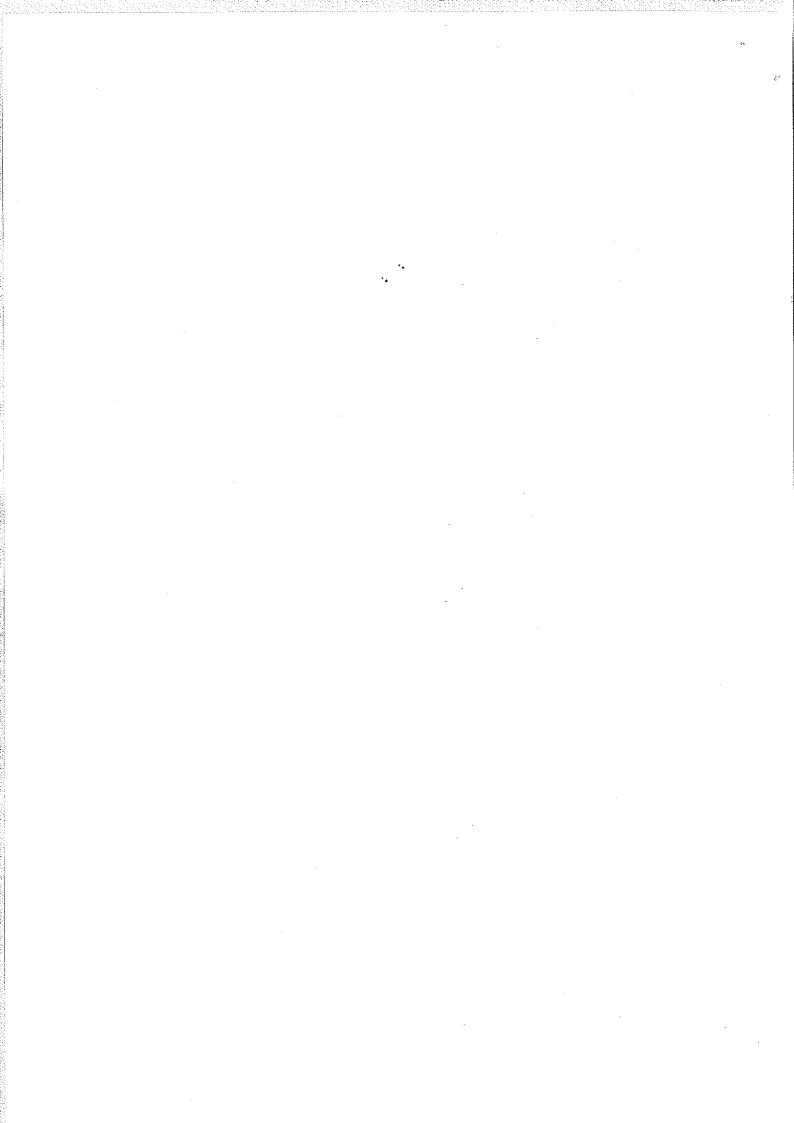
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST BOARD OF DIRECTORS THURSDAY 25 APRIL 2013

Title:	PROPOSAL TO: PUBLISH EXTERNAL CLINICAL DASHBOARD: 'mystay@QEHB'			
Responsible Director:	David Rosser, Executive Medical Director			
Contact:	Imogen Gray, Head of Quality Development, 13687 Daniel Ray, Director of Informatics, 12416 James Bentley, Web and Content Development Manager Dean Grinham, Programme Delivery Manager IT Services			

Purpose:	To outline the proposal to publish an external version of the Clinical Dashboard for patients and the public.			
Confidentiality Level & Reason:	N/A			
Annual Plan Ref:	Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking			
Key Issues Summary:	 Proposal to publish a specialty-level version of clinical dashboard externally for patients and the public. Monthly sign-off process to ensure data is quality checked before publication. There are potential reputation risks associated with the publication of specialty-level data 			
Recommendations:	The Board of Directors is asked to: Approve the concept of the external Clinical Dashboard named mystay@QEHB. Delegate the authority to the Medical Director with the Director of Communications to agree a go live date as appropriate. Delegate the authority to the Medical Director with the Director of Communications to agree changes to the content of mystay@QEHB reporting by exception as detailed in 7.2.			

Signed:	Date:	17 April 2013	
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BOARD OF DIRECTORS THURSDAY 25 APRIL 2013

PROPOSAL TO PUBLISH EXTERNAL CLINICAL DASHBOARD: 'mystay@QEHB'

PRESENTED BY THE EXECUTIVE MEDICAL DIRECTOR

1. Introduction

The aim of this paper is to present the proposal to publish an external version of the Clinical Dashboard for patients and the public. The Board of Directors is asked to review the draft 'mystay@QEHB' site before deciding whether to approve it for implementation by September 2013.

2. Background

The results of the Member Survey undertaken in Autumn 2011 showed that patients and the public wanted more specific information about their care. The Director of Communications, Director of Informatics and Head of Quality Development have therefore considered ways of providing information tailored towards patients who are coming into hospital for non-emergency procedures. Following discussions with the Executive Medical Director, Executive Director Strategic Operations (and External Affairs) and Executive Chief Nurse, the creation of an external version of the Clinical Dashboard is now proposed. This proposal is line with the recommendations of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry relating to openness, transparency and information.

3. Proposal

- 3.1 The proposal is for the creation of a separate website called 'mystay@QEHB' to be made available via the Trust's external website. The website will provide patients with information about the specialty they are likely to go to.
- 3.2 The reasons for publishing an external version of the Clinical Dashboard are threefold:
 - 3.2.1 To allow patients and the public to see how we perform at specialty level.
 - 3.2.2 To enable patients to get involved with and help improve their care.
 - 3,2.3 To drive up performance further internally.

- 3.3 The internal Clinical Dashboard has been in place since 2009 so the indicators selected for publication on 'mystay@QEHB' are well embedded. Data for a selection of Clinical Dashboard indicators will be updated monthly (one month in arrears) by Health Informatics and published on 'mystay@QEHB' by the IT team, following appropriate sign-off. Simple scales (0-100 and 0-100%) will be used to show hospital expectation, individual specialty performance and national performance, where available, for the following indicators:
 - 3.3.1 Medication Given (Antibiotics and Non-antibiotics)
 - 3.3.2 Infection Prevention (MRSA and CDI)
 - 3.3.3 Observations
 - 3.3.4 Routine assessments (Falls, MUST and Waterlow)
 - 3.3.5 Patient experience (4 key questions)
- 3.4 A draft version of 'mystay@QEHB' can be viewed via the following link: http://daimon/mystay The draft website was presented to a group of around 35 Trust Members at the end of the February 2013 Health Talk. Feedback was very positive with all Members saying that it will provide helpful information for patients and the public.

4. Roles and Responsibilities

4.1 The Executive Director responsible for the 'mystay@QEHB' project is the Executive Medical Director. The other key roles and responsibilities are set out below:

4.1.1 Communications

The Communications Team will be responsible for compiling the introductory text for all specialties, for designing the website layout and the publication of data each month.

4.1.2 Head of Quality Development

The Head of Quality Development will be responsible for writing and updating the explanatory text for all indicators. The Head of Quality Development will also be the gatekeeper for the 'mystay@QEHB' project. This is to ensure that decisions about including new indicators or any significant changes for example are discussed by the 'mystay@QEHB' Project Review Group in the first instance.

4.1.3 Health Informatics

The Health Informatics Team will be responsible for the timely production and accuracy of all data and for the implementation of the monthly sign-off process. Any changes to indicators or the sign-off process will need to go through the Head of Quality Development and the 'mystay@QEHB' Project Review Group for approval before they are implemented.

4.1.4 <u>IT</u>

The IT Team will be responsible for implementing the technical side of the external 'mystay@QEHB' site and its ongoing maintenance.

4.1.5 'mystay@QEHB' Project Review Group

This group will be responsible for planning, implementing and monitoring the implementation of the 'mystay@QEHB' project. Membership will comprise: Executive Medical Director; Executive Chief Nurse; Director of Communications; Executive Director Strategic Operations (and External Affairs; Director of Informatics; Head of Quality Development; Web and Content Development Manager and IT Services - Application Development Manager.

5. Implementation Costs

There are some costs associated with the implementation and ongoing delivery of the 'mystay@QEHB' project. These include a small one-off development cost and staff costs in the Quality, Informatics and Communications teams. These costs are within the Chief Executive's delegated limit should the principle be agreed by the Board of Directors.

6. Data Quality - Monthly Sign-off Process

An automated monthly sign-off process will be implemented by Health Informatics to ensure that all data is checked for accuracy by the Divisional Management Teams before it is published. Data will be sent to the Divisional Director, Director of Operations and Associate Director of Nursing for each Division. This will enable any data quality issues to be addressed and any significant performance issues to be reported to Executive level, including up to the Board of Directors if required, before publication.

7. Reputational Risk

- 7.1 The proposal to publish an external version of the Clinical Dashboard fits with the Trust's commitment to providing patients and the public with useful information about quality of care. This data is not provided by other trusts and published data will not just be limited to good performance. The publication of such information may entail increased, and potentially negative, public and media interest, and therefore represents a reputational risk for the Trust. It is believed that the perceived benefits to providing patients and the public with specialty-level performance information, as detailed in 3.2 above, outweigh the possible reputation risk. The monthly sign-off process should partially mitigate any risks to the Trust's reputation. The Board of Directors will be briefed on any negative press and the publication process will be revised as necessary.
- 7.2 Any decisions about including new indicators or significant changes will be discussed by the 'mystay@QEHB' Project Review Group and taken by the Executive Medical Director and Director of Communications. Any changes

which may have an impact on the Trust's reputation will be reported to the Board of Directors before implementation.

8. Timescales

In line with the technical development approach successfully used by the Trust for clinical systems this development is an iterative development so definitive timescales cannot be given. The site is however expected to be implemented by September 2013 at the latest.

9. Recommendations

The Board of Directors is asked to:

- 9.1 **Approve** the concept of the external Clinical Dashboard named mystay@QEHB.
- 9.2 **Delegate** the authority to the Medical Director with the Director of Communications to agree a go live date as appropriate.
- 9.3 **Delegate** the authority to the Medical Director with the Director of Communications to agree changes to the content of mystay@QEHB reporting by exception as detailed in 7.2.

David Rosser Executive Medical Director