Hello everyone! Lots has happened since the last edition…. The Analytical Fair seems a very long time ago now even though it was held only 6 weeks ago. Approximately 350 delegates attended the fair and we were lucky enough to have some fantastic speakers including Professor Sir Bruce Keogh, Mark Britnall, the Chief Economist from NHS North West and Candy Morris (who by the way was one of the top rated speakers of the day). We are hopeful that analytical fairs will continue into the future – when any news is available, I will let you know.

An important Department of Health report was published in July - The Health Informatics Review. This report sets out a vision that describes how the coverage and quality of information can be enhanced to meet current and future needs and help transform health and social care. I would encourage all of you to read this document which is available from the Department of Health website.

One of the areas that we have focused on in recent months is the development of metrics for dementia services. This has been a challenging area of work, however, we have been able to provide comparative information on a limited number of indicators for local organisations. I recently had the opportunity to share this work with the National Dementia Strategy Working Group. The group was impressed with the progress that we had made and as a result the Information Centre for Health and Social Care is currently scoping out the work required to replicate this analysis for PCTs across the country.

Another significant area of focus has been World Class Commissioning. PCTs within South East Coast have appointed Humana to work with them on assessing their competency around knowledge management. The Institute for Innovation and Improvement has launched a new exciting programme to support commissioners - Turning Data into information for improvement. The Knowledge Management team is currently planning how local PCTs can be supported through and subsequent to this programme.

In terms of new or updated products over the last couple of months, Peter has developed a new A&E dashboard, the British Association of Day Surgery (BADS) tool has been updated to reflect the new directory (and will be further developed over the coming month to provide information on 24 hour and 72 hour stays), Rebecca has developed a new 18 week commissioner dashboard and our performance dashboards have been redesigned. All are available to download from our website.

There have been/will be hellos and goodbyes. We welcome Nia to the team as Performance Analyst, welcome back Kate Cheema from her maternity leave and unfortunately say goodbye to Romilly next week who has spent two months with us over the summer learning what it is like to be an information analyst in the NHS (read about Romilly’s experience on page 14.)
Privacy and dignity

Safeguarding the Privacy and Dignity of patients in the care of the NHS has become a key area of interest and the SEC-KM team have developed an On-line assessment tool to facilitate the assessment and audit clinical and non-clinical areas to ascertain where improvements are needed.

The Assessment is broken down into 4 principle areas:

1. The board of directors actively support patients privacy and dignity
2. The physical environment actively supports patients privacy and dignity
3. Individual staff actions actively support patients privacy and dignity
4. Record keeping and management of patient information actively supports privacy and dignity

The Online assessment tool allows users to assessments for multiple sites, and to review the assessments at different time periods. The tool displays simple to understand information summarised into each of the 4 principles about the latest assessment for each site. The assessment itself can create a running average of the responses and displays the information on each question that has been responded to.

The tool has been designed to allow Trusts to create self assessments but also allows Trusts to “partner up” with each other to create peer reviews.

The information collected in the tool is also summarised to show the overall picture in the SHA or Trust, it allows organisations to review differences between their “self assessed” and their “peer assessed” scores. This can be done down to the individual level and authorised users can compare individual site assessments against the summaries for the whole SHA, acute or mental health organisations.

All users of the website can access the summary information screens, but you do need to be an authorised user to create assessments or to view the site level summary information.
Adam’s Coding Corner – Complications & Co-morbidities

One of Life’s Little Complications (… and co-morbidities)

We are all aware of the importance of getting the primary diagnosis right when coding an inpatient episode, but what about all those subsidiary diagnoses that are available? CDS5 used to allow a further 12 extra diagnoses, and now CDS6 allows as many as necessary.

Some of these are used for codes supporting the primary diagnosis, but they can be used to record complications and co-morbidities (commonly abbreviated to CC).

What are complications and co-morbidities?

To put it simply, complications are things that arise from the initial episode of care that make the patient care more difficult (for example a rare adverse reaction to anaesthesia). A co-morbidity is an existing condition, that isn’t the one that is being treated but can affect the treatment given (for example a patient going in for a hernia operation who happens to be diabetic, may need a different treatment regime to one who doesn’t have diabetes).

That’s all very well - all important, and relevant clinical information, key in the successful treatment of a patient, but does it matter to the rest of the service? Surely all that they are interested in are the total numbers of hip operations done, or how many stroke admissions there were? Maybe previously this was the case, but now these kinds of details are key in ensuring that a Trust gets payment that reflects the complexity of work undertaken.

Version 3.5 of HRG did take into account complications and produced HRG codes for some conditions that were paired; typically into those without CC or over 69, and those with CC and under 70. Taking appendectomy as an example for F71 abdominal hernia procedures over 69 or with CC this has an elective tariff of £2,325, whereas F72 abdominal hernia procedures under 70 without CC has a tariff of £1,610.

For HRG4 there is an increase in refinement of these codes - taking the above example of abdominal hernia procedures there will be four codes: - over 19 with major complications, over 19 with minor complications, over 19 without complications, and under 19. Each of these four will have a unique tariff attached, so getting the complications coded will have a significant impact on Trust income and commissioner spend. Therefore, it is vital that coders ensure that the correct level of detail, and accuracy in their coding as it will impact upon future patient care. The Audit Commission report - PbR Data Assurance Framework 2007/08: Findings from the First Year of the National Clinical Coding Audit Programme, which was published this week reinforces the important of this.

Responsibility

This extra pressure will mean greater responsibility on the clinical coding teams in Trusts to ensure accurate depth of coding, but the buck doesn’t just stop there. The coding teams can only work from information recorded in the patient notes and discharge summaries. These are used to code, so unless the clinical and admin staff who complete those notes put in all complications and co-morbidities, the coders won’t be able to accurately represent the treatment regime. Beyond that, it’s crucial for the Trust’s financial and management teams to understand these complexities so that they can support the introduction of robust processes for the accurate recording of relevant information. Through PbR this is the only way for a Trust to make sure that it is paid appropriately according to the exact patient care undertaken.

If there is a particular topic you would like me to focus on next time, please do let me know.

adam.cook@southeastcoast.nhs.uk
A&E Dashboard

By Peter Nyaga, Information Support Analyst

One of my first tasks has been to produce a new dashboard - this time focussed on A&E. I have developed an ‘at-a-glance’ graphical representation of key indicators related to Trust A&E performance. A range of indicators have been selected to present an overview of local performance over time. Additionally the dashboard provides year to date performance and the weekly national ranking for each Trust.

The dashboard provides information on both mapped and unmapped performance. For some Trusts mapping has a very small impact on performance, whilst for others mapping can improve performance by several percentage points. Trusts are of course performance managed on mapped performance; however it is very important to keep a careful watch on unmapped performance to understand how many patients are waiting longer than 4 hours in A&E. Mapped performance information is supplied weekly to the SHA by the Department of Health whilst the unmapped figures are obtained from the weekly SITREP.

Other indicators include the number of A & E attendances, number of breaches, number of emergency admissions by length of stay time bands, percentage of discharges by day of week and ratio of A & E attendances to admissions.

A&E attendance information is taken from the weekly sitrep. In addition, this data is combined with admissions data (from SUS) to provide a ratio of A&E attendances to emergency admissions. SUS data is also used to calculate the length of stay for emergency admissions which is presented in the following time bands: zero days, 1 day or more than 2 days.

Ambulatory Care Sensitive Conditions (ACSCs) are those for which hospitalisation is thought to be avoidable through good primary and community care. In theory, timely and effective ambulatory care can help reduce the need for hospitalisation. An additional indicator on the dashboard is therefore the number of ACSC admissions each quarter (from SUS).

For some Trusts, one of the knock-on effects of the introduction of the 4 hour A&E standard has been an increase in the number of short stays. In other instances, changes in pathways of care and treatment may have also increased the number of short stays. For many Trusts, the proportion of patients with a length of stay of 0 or 1 day is considerable at over 50% - this skews the average length of stay for patients by several days. For this reason, an additional indicator on the dashboard is the proportion of medical and surgical emergency admissions with a stay of 0 or 1 day.

A critical factor in improving flow and achieving the A&E standard sustainably is the level of weekend discharges. The dashboard shows the percentage of patients discharged each day of the week - ideally we would like to see a similar level of discharges each day of the week (approx 14%) - currently most Trusts discharge fewer patients on a Saturday and Sunday which can impact upon A&E waits and specifically performance on Mondays.

I update the dashboard on a weekly basis and upload it to the dashboards section of the website. Here’s the link http://www.sec.nhs.uk/knowledge/index.php?option=com_docman&task=cat_view&gid=61&Itemid=116 If you have any comments or queries about the dashboard, please do contact me (peter.nyaga@southeastcoast.nhs.uk or 01293 778885)

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
A3: ASK AN ANALYST-

If you have a question for the team please e-mail: Knowledge.management@southeastcoast.nhs.uk

Q - I need to add a column containing a row number to create a rank in the output of my MS Access query but I can't find any way of doing this, can you please help me out?

A - I am pleased to say that we can! Firstly, you will need to make sure the source table you are querying against has a primary key. A primary key is a field in the table that uniquely identifies each record, on a table of staff members a good example would be the NI number but it can be as simple as a row number. Once you have identified or defined a primary key, you can use something like this -

SELECT(SELECT Count(theField) + 1 FROM tblSource AS A WHERE A.TableID < B.TableID) AS RowNumber, TableID, theField FROM tblSource AS B

Where the source table (tblSource) is like this -

<table>
<thead>
<tr>
<th>TableID (primary key)</th>
<th>theField</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data1</td>
</tr>
<tr>
<td>3</td>
<td>Data12</td>
</tr>
<tr>
<td>5</td>
<td>Data14</td>
</tr>
<tr>
<td>19</td>
<td>Data27</td>
</tr>
</tbody>
</table>

This produces the following -

<table>
<thead>
<tr>
<th>RowNumber</th>
<th>TableID</th>
<th>theField</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Data1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Data12</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Data14</td>
</tr>
<tr>
<td>4</td>
<td>19</td>
<td>Data27</td>
</tr>
</tbody>
</table>

If you want to simplify your queries you can define a public function in VBA to use instead of repeating the above using the following code -

Public Function LineNum(lngFldVal As Long, strSource As String, strKey As String) As Long
Dim strCrit As String
strCrit = ["" & strKey & "] < " & CStr(lngFldVal)
LineNum = Nz(DCount(strKey, strSource, strCrit)) + 1
End Function

Which you would then use as follows to produce the same result as the first example -

SELECT LineNum([TableID],"tblSource","TableID") AS RowNumber, TableID, theField FROM tblSource

You will now have a row number that you can use for ranking purposes or even to create a further unique row ID to query against.

If you need any further assistance with this please let me know (simon.berry@southeastcoast.nhs.uk)

Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team.
The acronym CUSUM is not an obvious one but luckily it reflects one of the easiest and at the same time most effective measurements that can be employed when assessing improvement in systems or procedures.

CUSUM is short for ‘cumulative sum’ which is pretty self explanatory really. The power of this technique partly lies in the fact that it can be applied to almost any data type and so highbrow concepts of parametric and nonparametric tests can be dispensed with. In this skills builder two examples are given, one with continuous data and then an example from medical practice using ordinal data.

CUSUM is used to detect deviations from a reference value, perhaps a preset target or perhaps the existing mean of a dataset, it entirely depends on circumstance. Because it is a cumulative technique it is very sensitive to small changes and is thus extremely effective when you want to assess results quickly and over a short period of time (perhaps you can’t or don’t want to wait for the recommended 20 data points to construct an SPC chart) or you suspect the changes will be so small they may not show up as being significant using other techniques.

Let’s look at an example using a 100m sprinter who is striving to at least equal the world record in time for London 2012. The runner has decided to try a new diet to see if it will improve their race time. Before going on the diet they time ten runs and then take the same measurement after they have been on the new diet for one week. The results are shown in table 1 below. The final two columns of this table show the CUSUM calculations. This is calculated by summing the variance from the reference value, in this case the world record time of 9.69 seconds, for each data point. So, for run 1 the time is taken away from the target. For run 2, the variance from the target is added to the variance from run 1, and so forth.

<table>
<thead>
<tr>
<th>Run number</th>
<th>Before time (s)</th>
<th>After time (s)</th>
<th>CUSUM before</th>
<th>CUSUM after</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9.72</td>
<td>9.74</td>
<td>-0.03</td>
<td>-0.05</td>
</tr>
<tr>
<td>2</td>
<td>9.75</td>
<td>9.72</td>
<td>-0.09</td>
<td>-0.08</td>
</tr>
<tr>
<td>3</td>
<td>9.78</td>
<td>9.71</td>
<td>-0.18</td>
<td>-0.1</td>
</tr>
<tr>
<td>4</td>
<td>9.74</td>
<td>9.7</td>
<td>-0.23</td>
<td>-0.11</td>
</tr>
<tr>
<td>5</td>
<td>9.78</td>
<td>9.77</td>
<td>-0.32</td>
<td>-0.19</td>
</tr>
<tr>
<td>6</td>
<td>9.76</td>
<td>9.76</td>
<td>-0.39</td>
<td>-0.26</td>
</tr>
<tr>
<td>7</td>
<td>9.73</td>
<td>9.78</td>
<td>-0.43</td>
<td>-0.35</td>
</tr>
<tr>
<td>8</td>
<td>9.8</td>
<td>9.7</td>
<td>-0.54</td>
<td>-0.36</td>
</tr>
<tr>
<td>9</td>
<td>9.77</td>
<td>9.71</td>
<td>-0.62</td>
<td>-0.38</td>
</tr>
<tr>
<td>10</td>
<td>9.72</td>
<td>9.72</td>
<td>-0.65</td>
<td>-0.41</td>
</tr>
</tbody>
</table>

So, how do we interpret this? On paper (and certainly to the non-expert eye) the times before and after the change don’t look very different. If we plot the raw times (see left hand graph, figure 1) it doesn’t tell us much more. However, if we plot the CUSUM figures (see right hand graph, figure 1) there is a definite difference in the slope between the two lines. As the sprinter has not yet reached his target of 9.69 seconds, both slopes are in a negative direction BUT it can be clearly seen that overall the runners times are improving as the slope of the ‘after’ line is much less steep than that of the ‘before’ line- the diet is clearly working in the right direction. When the sprinter begins to beat the world record regularly, the line will become positive.

With ordinal data, rather than having a range of continuous values, there may be only two or three potential values. The example on the opposite page looks at the performance of anaesthetic procedures of two trainee doctors. The reference value is 0.9, reflecting a 90% success rate as being acceptable performance. A success is given a value of 1 and a failure a value of 0. This means that for every failure, the CUSUM increases by 0.9 and for every success, it decreases by 0.1. After 59 procedures, the trainees’ CUSUM plots looked like figure 2.

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
On the left it can be seen that the trainee had three failures which resulted in the plot going up by a value of 0.9, but that generally the trend is firmly on the negative, which in this case is desirable. On the right however, the slope is in the positive direction and at no shows negative values. This trainee only had 9 failures but it can be easily seen that they require further training or supervision.

For more information and examples on CUSUM (including how it could have been used to catch Harold Shipman), try the links below:

- [http://www.mrc-bsu.cam.ac.uk/BSUsite/AboutUs/People/davids/smmr.pdf](http://www.mrc-bsu.cam.ac.uk/BSUsite/AboutUs/People/davids/smmr.pdf)

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**Turning Data into Information for Improvement**

This new programme provided by the NHS Institute and delivered by Dr Robert Lloyd of the Institute for Healthcare Improvement (USA), is designed to enable PCTs to take significant steps towards:

- improving their use of data and information;
- building commissioning capacity and capability in the use of information for improvement;
- linking data to real improvement of services for the local population.

Participation will provide evidence of your PCT’s potential for improvement, as measured through the world class commissioning assurance process and help evidence your capacity and capability in competency five.

The programme takes place over six months and is based around three days of tuition and discussion with Dr Lloyd which supports practical action by teams from PCTs. To make the best use of this unique opportunity, each PCT should send a mixed team of people from the commissioning community including at least one Director. Attendance at each of the three workshops is required.

The London dates for the programme are as follows:

- 25th September 2008
- 21st January 2009
- 23rd March 2009

Further details and booking for the event is via the NHS Institute website – see the following below:

- [http://www.institute.nhs.uk/world_class_commissioning/world_class_commissioning/world_class_commissioning_home.html](http://www.institute.nhs.uk/world_class_commissioning/world_class_commissioning/world_class_commissioning_home.html)

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**Welcome to ……**

Hi everyone! I’m Nia Naibheman and I have recently taken up post as the new Performance Analyst reporting to Rebecca. Some of you may have seen me around on the first floor of York House stuffing envelopes as I spent some time temping for the Comms Team. I am extremely pleased to have moved up to the second floor and taken up my new role as an analyst as this will give me the opportunity to utilise my degree and puts me at the forefront of the learning curve. With my ‘Statistics for Dummies’ text book at hand I feel very much part of the team and am excited to see what lies ahead!

I look forward to meeting colleagues from across the patch!

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**…and congratulations to**

Kevin Tansley who was the lucky winner of our prize draw for the first 200 registered users of the website prize draw. Here’s a photo of Kevin with his shiny new Knowledge Management mug which he clearly is delighted with.

When asked about how it felt to be a winner, this was Kevin’s response:

“I’d like to say what a great honour it is to become Damon Rollinson the second!”

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Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team.
World Class Commissioning - Knowledge Management Assessment

Sue Braysher, Director of Contracting and Performance, West Sussex PCT

World Class Commissioning will bring about one of the biggest changes that the NHS has seen in the way it conducts its business. It will see PCTs drive improvements in patient experience, quality and efficiency through holding providers to account against the contracts they establish to meet the needs of their local populations. One of World Class Commissioning competencies relates to effective Knowledge Management - an area which many PCTs acknowledge presents a challenge currently. For this reason, PCTs within South East Coast have jointly commissioned a piece of work to assess the current capability around this critical area and develop a strategy to fill any gaps that may exist. Humana has been commissioned to assist PCTs with this work. The programme will cover the following areas:

- A rapid assessment / mapping of the knowledge management components of all eleven WCC competencies to the commissioning cycle and review of the Department of Health guidance on the use of knowledge management/ information to support commissioning;
- Review of best practice in the UK and worldwide in the use of knowledge management/information to support commissioning;
- Development of a forward vision for three to five years outlining the additional knowledge management/information requirements which will be needed to support future commissioning;
- Creation of a catalogue of knowledge management / information competencies required by PCTs in order to deliver world class commissioning. This will identify those competencies related to capacity, capability, processes, information systems and technology requirements;
- Development of a self-assessment tool to enable the South East Coast PCTs to access their existing competencies in relation to the competency levels as per the world class commissioning assurance framework;
- Provision of detailed analysis of the South East Coast PCTs’ self assessment response and production of a report of the results which identify the gaps between existing competency levels and those required to deliver WCC;
- Working with key PCT personnel to identify recommendations for addressing the gaps identified and build competence, and to share and / or procure capability and capacity.

As part of this programme, Humana will facilitate two South East Coast workshops and also conduct one day events in each PCT. The first joint workshop will be held on 2nd October and aims to:

- discuss and agree a local definition on Knowledge Management;
- agree how to promote best practice;
- identify the key components of becoming an ‘intelligent customer’ of Knowledge Management.

Local PCT events and PCT self assessments will have taken place by 21st November and the second large workshop will take place on 9th December. This will be an opportunity to gain feedback on themes identified through the self assessments, identify quick wins and development required during 2009 and develop a joint vision for the future.

The programme will result in an SHA-wide vision paper for 3-5 years outlining additional knowledge management/information requirements to support future commissioning and a strategy for knowledge transfer.

Formal invitations to the October workshop will be sent out within the next week. If you have any questions about this exciting programme, please do contact either myself (sue.braysher@westsussexpct.nhs.uk), Michael Ridgewell (mridgewell@nhs.net) or Samantha Riley (samantha.riley@southeastcoast.nhs.uk).

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
Workforce Profiling - Evidencing a glass ceiling

Kiran Cheema, Workforce Analyst

In the last issue we had a brief look at evidencing the idea that a workforce should be representative of the community that is serves; this time around we will be considering the age old problem of evidencing a glass ceiling. So what is our first step?

Well as the problem of a glass ceiling is about how much different people are being paid, the most obvious thing to do would be to look at the numbers of people in each pay band.

If we look at the bandings across the SEC in the nursing and midwifery staff group split into different ethnic groups (ESR data as at Sept 2007), we can see that there very small numbers of staff from ethnic groups in the higher pay bands, is this evidence of a glass ceiling? Well you would be forgiven for thinking it might however the small numbers of staff in total at this level make the statistical significance of this questionable.

We could instead transform the numbers of staff into proportions.

We could make the argument that if all things were equal we should at least see similar proportions of staff through each level of the system?

However the numbers of staff in these groups are so small that a change of 1 or two staff can make a large proportional difference. There are also a number of "unknowns/not givens" within the data set that could also make a difference to the proportions.

There is however another set of data that we could use to help us understand the distribution patterns - the staff age profile. If we look at the staff age profiles split into ethnic groups we then see that the majority of staff from ethnic groups are within the lower age bands (under 40) with smaller proportions in the higher age bands and these proportions relate better to the patterns that we can see in the pay bands.

This information does not show any evidence of a glass ceiling within the data sets, it shows that we have greater proportions of ethnic groups in lower age bands and these staff may not have yet moved into the more senior roles, and we have not yet even considered how differences in cultures may affect peoples drive, motivations or aspirations.

In summary there is no one piece of data available that can directly evidence a glass ceiling, however by bringing together several bits of information we can gain a better understanding of the situation.

Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team.
Improving commissioning - cancer services

Deborah Tomalin, Sussex Cancer Network Director
www.sussexcancer.nhs.uk

Collection, analysis and publication of high quality data on clinical outcomes is one of the key drivers for implementation of the Cancer Reform Strategy (December 2007). Better information and stronger commissioning are required to achieve the best cancer services possible. Commissioning cancer services is complex - cancer is not a single disease and multiple professional groups and organisations are involved in an individual patient’s pathway. To commission health services effectively, a wide range of factors need to be taken into account to make informed decisions including national guidance and priorities, local needs, access to services, service quality and outcomes. Access to high quality information about local services and how they compare with services elsewhere is therefore an essential prerequisite for good commissioning. Information on cancer is available but the numerous existing sources have not been easily accessible.

National Cancer Commissioning Toolkit
One of the significant national developments to improve cancer information and cancer commissioning is the development of the National Cancer Commissioning Toolkit. The National Cancer Action Team have joined forces and received financial support from the Pharmaceutical Oncology Initiative to develop a national cancer commissioning toolkit (CCT).

The toolkit brings together information from over a 100 different sources, along the patient pathway e.g. incidence, mortality, survival rates. Activity, length of stay, information on screening coverage, waiting time, results of peer review, programmed budgeting, cancer medicines, living with cancer, end of life care. Over 109 reports can be produced and the toolkit allows you to benchmark your organisation (PCT, acute trust, SHA, cancer network) with similar organisations to your own or all those in the rest of England. The CCT was launched nationally in June 2008 and the South East Coast launch was held on 9th July and was attended by over 65 people from acute and primary care.

The toolkit will assist PCTs working with support from their cancer networks to become world class commissioners of cancer care - PCTs will be able to understand the needs of their local population and the quality of cancer services available to them, be able to benchmark costs and activity against the rest of the English NHS and therefore be provided with strategic planning information that will help focus efforts on where outcomes need to be improved. The horizon scanning section of the toolkit will assist organisations in identifying and anticipating the financial and service pressures associated with the future arrival of new cancer medicines in England which in turn should allow for better advanced planning of services.

The toolkit is easy to use and will greatly assist commissioners.

Are you registered yet to use the Cancer Commissioning toolkit?
If you are not sure, or would like to ensure that you are, then please contact the cancer network director within which your organisation falls:

Kent and Medway
Dr Fiona Craig
Interim Director of Commissioning
Fiona.craig@kentmedway.nhs.uk

Sussex
Deborah Tomalin
Network Director
Deborah.tomalin@scn.nhs.uk

SWSH
Ben Thomas
Network Director
ben.thomas@surreypct.nhs.uk

Central South Coast
Janice Gabriel
Network Nurse Director
Janice.gabriel@southcentral.nhs.uk

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
Making Links - ASSIST

Pam Hughes, ASSIST National Council Secretary

The Association for Informatics Professionals in Health and Social Care (ASSIST) is a professional association for those working in and for informatics in healthcare and social care. Its objective is to develop professionalism and professional standards, and to work with other bodies including government to provide a voice for informatics professionals.

ASSIST was formed in 1993 and its stated aims, as set out in its constitution, are to:

- Provide a network to exchange information and good practices, and to address informatics issues.
- Promote discussion on issues associated with the implementation of national informatics strategies
- Provide a forum for activities and events at a national and branch level
- Influence national and local informatics policy
- Encourage professionalism and raise standards through supporting staff development and educational programmes

The primary objectives for 2007/08 are as follows:

1. Paying attention to members and member processes by establishment of effective administrative and data management by British Computer Society (BCS) administration team
2. Working with Branch Committees, establishing committee infrastructure across the UK to support local ASSIST activities. (Look up the branches on the web site http://www.assist.org.uk/)
3. Influencing national policies affecting informatics, notably the National Programme for IT in England and Informing Healthcare in Wales. This will include further developing ASSIST’s recognised role as genuinely independent “honest broker” and “critical friend” to Government and its agencies. Many of ASSIST national Council Officers contributed to the Informatics Review, and the Chair of ASSIST leads on delivery of the recommendations.
4. Raising members’ effectiveness by providing high-quality and topical professional development opportunities.

Recent events include our National Conference and AGM, Maximising Use of Consultants, Electronic Document Management and Capability and Capacity for NPfIT programmes

There are a range of benefits of being an ASSIST member. ASSIST arranges a series of educational seminars and conferences to help members with their professional and career. ASSIST members have admission to the Institute of Healthcare Management IM&T forum on the same terms as their own members. The free networks on http://www.espace.connectingforhealth.nhs.uk/ which include various health informatics special interest groups are often led by active ASSIST members.

The partnership arrangement with BCS means that ASSIST members are also affiliate members of the BCS. This brings the following additional benefits:

- The BCS Online Library - Free access to relevant IT related information whenever you need it. Members get access to EBSCO databases - a range of journals and magazines on the subjects of IT, Science and Technology
- Career Development Services - Free access to SFIAplus3 a widely adopted IT skills, training and development model used in career management
- Information Services - Free subscription to “ITNOW” the BCS membership magazine and “eBCS” the weekly IT newsletter. Members also benefit from discounts of up to 25% on a range of topical books that span the boundaries of IT and management.
- Events, Lectures and Seminars - BCS Affiliates have access to an extensive range of additional local and national events that ensure members stay up to date with the latest IT developments.
- Exclusive Member Offers - discounts on Microsoft software (personal use only). Extensive discounts also on Macromedia and McAfee products and IT publications from leading suppliers.

Access to these BCS affiliate member benefits can be gained via http://www.bcs.org/server.php?show=nav.5787. and this link is also available from the Join ASSIST web page.

Find our more and join on the web site http://www.assist.org.uk/. or from National Council officers in the latest Newsletter or Pam Hughes ASSIST National Council Secretary pam.hughes@nhs.net

Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team
Page from the patch - South Downs Health

Simon Beaumont, Information Manager

South Downs Health is a unique Community Health Trust responsible for delivering health care to the residents of Brighton and Hove; indeed we are the only Trust of its kind in the country!

The Information Team is responsible for the development of all information needs within the Trust and utilise numerous systems to both collate and deliver information. We are part of the Business Support Directorate and consist of:

- Head of Information & Improvement: Kay Harley
- Information Manager: Simon Beaumont
- Information Specialists: Clare Dickins, Carly English, Mark Hughes
- AND the famous Christmas quiz maestro - Damon Rollinson

One of our main projects at the moment is bringing together all of the different data systems within the Trust to provide one single source of performance reporting for both the Trust and individual services.

The scorecard reporting system takes data from the following data sources to provide a “balanced scorecard” around the patient experience, clinical governance and safety, internal business practices (capacity and demand, workforce and business planning and objectives) and finance:

- PIMS - The Trust PAS
- Safeguard - Incidents, Risks and Complaints
- ESR - Workforce
- Productivity forms - An internally developed system to report on clinician productivity
- Performance Accelerator - Business objectives, milestones and planning

Across the Trust a lot of work has been completed the past 12 months to ensure all of our individual systems are consistent and refer to both services and individuals in the same way. This has ensured we can seamlessly link data from all of our information systems to provide services with one performance report.

When using the scorecards, service managers can drill down to a locality, team and individual level, meaning that the system is far more than a service level performance report - it also enables managers to understand the factors that make up the overall service result, and the variances between teams or individuals. The range of performance indicators ensures an emphasis on the importance of quality of care as well as efficient delivery of care.

Recently the Trust embarked on a productivity project with external consultants, Meridian. The project was aimed at identifying how a clinician spent their working day, breaking down activity by staff bands and different contact types - the end goal being to identify efficient processes for the delivery of patient care which could be used to demonstrate value for money to our commissioners and patients alike. The Information Management Team has now taken over the data collection for productivity data. Working with the Sussex HIS, we have developed a paper based character recognition form and an electronic web form which allows clinicians to record productivity data which is then readily available to report on. The data is now reported on as part of the service scorecards and offers service managers an added dimension to their reports.

If anyone would like to see our scorecard reporting system or visit the trust to learn more about the productivity work, please do not hesitate to contact Simon Beaumont on 01273 242070 or email at simon.beaumont@southdown.nhs.uk.

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
Safer Smarter Nursing Metrics Programme

Adam Cook, Development Analyst

The Safer, Smarter Nursing Metrics programme has been running at the SHA for a few months now, and is making an important contribution towards the use of metrics to measure the quality and safety of care.

Nursing metrics are hardly new, as Professor Sir Bruce Keogh reminded us at the recent Analytical Fair, Florence Nightingale mandated the collection of data around nursing over 100 years ago. Since then MRSA and C-Diff may have replaced Cholera and Typhoid, but nursing care is still one of the most visible and important parts of the care of a patient.

The Safer, Smarter Nursing Metrics programme was initiated by the SHA Directors of Nursing forum who acknowledged the importance of using data and information to evidence the quality and safety of nursing care along with the patient experience. A number of indicators were looked at by the Nursing Metrics sub group amongst which some of the key ones were: -

• Nutritional assessment
• Patient wristbands
• Uniform compliance
• Healthcare Associated Infections
• Drug errors
• Falls
• Pressure damage
• Mixed sex bays

We have initially worked with Ashford & St Peter’s and used their data to develop a ward based dashboard (right) which provides a visual representation of performance against each indicator over time. In addition, we have developed the Web Of Useful Nursing Data (WOUND). This provides a snapshot view of performance for the most recent period against all indicators for the most recent period - the aim is for the web to be full as this indicates best performance against each measure (see below for an example).

In terms of data sources, some indicators are reliant on regular audits being undertaken whilst other data can be sourced from risk systems. There are some measures for which there are standard data collection systems and definitions for all Trusts. We have recently collated information from all Trusts on the following areas and I am now working on the provision of some comparative information for all Trusts within South East Coast: -

• Pressure Damage
• HCAs
• Drug Administration Errors
• Falls
• Complaints.

For other measures there are differences in definitions which mean that meaningful comparison between organisations is currently not possible. We are therefore planning to continue to work with Trusts across South East Coast to adapt the dashboards already created for local use alongside the work on comparative benchmarking. Worthing and Southlands, East Kent Hospitals and Brighton are next on the list. It is of course extremely important to also measure nursing care within community services and mental health - a community nursing metrics sub group has already been established.

If you would like to know more, you can download prototype dashboards from our website at the following link. Remember that you need to have registered and be logged on to access the downloads area.


Or you can contact myself (adam.cook@southeastcoast.nhs.uk) or Pauline Smith (Pauline.smith@southeastcoast.nhs.uk)

Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team.
Reflections on my work placement with the NHS
By Romilly Hibling, 2nd Year Undergraduate, Information Studies

Well it seems absolutely ages ago that I was the ‘new girl’! The team have made me feel so welcome here at the SHA that it’s hard to believe I have been here over two months!

The first few days were getting to know the team and to start understanding what kind of work the knowledge management team is involved with. On my third day I attended the Performance Information Reference Group (PIRG) meeting in London with Rebecca which has representatives from all SHAs and the Department of Health. Having looked at the agenda quickly the day before, I could only see a few things that I had heard about so I was a bit anxious about going! As I had anticipated, the majority of the meeting completely confused me! However, it did clarify some of my queries about the 18 weeks target and introduced me to many other targets, developments and issues faced by the NHS.

My next project was to assist Samantha and the team in the run up to the analytical fair, which was focusing on World Class Commissioning. This was also a great opportunity for NHS teams from across the country to exhibit their work in the ‘modelling market place exhibition’. In preparation for this I created a CD to display many of the tools, benchmarking products, presentations and other analysis that the knowledge management team have developed. I had the help of Kiran (my IT guru), in creating an HTML based front screen to the CD with links to the tools. This definitely improved my web design skills as I previously had very little experience in this area and with only ‘a little’ bit of help I managed to create a fully functional front end! There was a bit of a mad rush the Friday before the fair with printing and organising who was to take what, but all the hard work of the team paid off and the fair was a huge success.

I have helped Kiran update the website which has only been live for around seven months. This has developed my IT skills in many different programmes by transferring articles written by the team onto the website. I have also developed a guide on the ‘how to’ section of the website which is designed to give users a step by step guide for general IT help. I have helped to develop a user guide for using the new privacy and dignity tool which is designed to assess and audit clinical and non-clinical areas to ascertain where improvements are needed in order to safeguard privacy, promote respect and maintain dignity for all patients.

As part of my placement I have spent a day with a Trust and also a day with a PCT. I went to Canterbury to East Kent Hospitals NHS Trust where I was introduced to the team and the different types of analytical roles that are undertaken in a Trust. I was then taken to the clinical coding department where I was introduced to the process of becoming a coder and how coding is actually undertaken. I now understand how HRG codes are assigned to each patient - before this placement I hadn’t even heard of an HRG! In the afternoon I went with a few of the team to Margate for their weekly Operations Directorate Meeting. It was really interesting to see the different types of information discussed at Trust level compared to the SHA.

The following day I visited West Kent PCT to help me better understand the role of a PCT. Anne-Marie Morgan told me a bit about her role and what the team aims to achieve before I attended their monthly team meeting. In the afternoon I was properly introduced to everyone and had an individual half hour chat with each team member. I was shown all the tools they used and it interested me to see the complex role that PCTs have.

This past week I have been helping Simon with an audit of the A&E department at Maidstone and Tunbridge Wells NHS Trust. The purpose of this audit is to understand and record the key timing points of a patient’s journey through A&E until they are either discharged or admitted. By doing this, potential delays in the system can be evidenced and plans put in place to reduce these. The audit has involved me inputting data from 600 casualty cards and thousands of blood request forms!!

I have little over a week left here and although I was only here for a short duration, I will be sad to leave. I would like to thank Samantha for giving me this opportunity and the team for helping me out in acquiring new skills. I’m sure this will not be the last you will hear from me, I will keep in touch and encourage friends at University to think about a placement with the NHS!

Do you have something you would like to contribute to Knowledge Matters? Please contact us!
News

Unify 2 meeting arranged

On 9th September we will be holding a session at the SHA, specifically to look at Unify2, data returns and performance reporting in general. Suggested format for the day is:

- Current problems with Unify;
- Feedback on what’s happening nationally;
- Issues around performance reporting and data returns;
- Discussion around whether a local Unify2 user group would be useful;

This is to be held 1.30-3.30 in the boardroom at York House - if you would be interested in attending please email Rebecca.owen@southeastcoast.nhs.uk - it would also be useful if you could indicate what specific issues around Unify, data returns and performance reporting you would like to see covered.

Advanced Excel, Access and VBA training

A limited number of places are available during the autumn. To express an interest in attending, please contact Nia Naibheman (nia.naibheman@southeastcoast.nhs.uk)

Job Opportunities in NHS South East Coast

NHS South East Coast has a vacancy for a full time permanent Performance Analyst (supporting Rebecca) and a 1 year fixed term/secondment post for a Workforce Information Support Analyst (reporting to Kiran). Applications are via NHS jobs.

http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=912082319
http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=912082504

East Sussex have the following opportunities exist for information analysts. Both posts close on 8th September. Applications are via NHS jobs.

JSNA Information Specialist
Joint Appointment across the two PCTs in East Sussex and East Sussex County Council
Based in Lewes, East Sussex
Full time
Grade 6
http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=912075209

Public Health Analyst
Working across the two PCTs in East Sussex
Based in Lewes, East Sussex
Part time (0.6 wte)
Grade 6
http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=912075276

South Downs Health has a vacancy for a grade 5 information analyst post for 1 year based in Brighton. For further information please contact Simon Beaumont (01273 242070)

http://www.jobs.nhs.uk/cgi-bin/vacdetails.cgi?selection=912078816

18 Weeks News

A new 18 weeks dashboard has been developed to look at monthly RTT performance. This is from a Commissioner perspective and aims to look at underlying activity behind 18 weeks as well as the main performance indicators. This is available to download from the Knowledge Management website: nww.sec.nhs.uk/knowledge

Welcome to Doug Barnes who has joined us from West Sussex PCT as Programme Manager for Elective Strategy and 18 Weeks. One of the many things Doug will be looking at is revising the weekly 18 weeks reporting and performance management - more information and a new weekly dashboard to follow shortly.

Unify2 and Data Returns

Updated guidance for the Monthly Activity Return has been posted on Unify2. The definitions haven’t changed though for outpatients, reference to speciality code 560 has been removed. If data for this speciality has previously been included, revisions should be emailed in a Unify2 upload template to unify2@dh.gsi.gov.uk marking the email ‘MAR revisions - code 560 issue’.

Ode to Excel

Excel, oh, Excel ,
You have served me well.
With every chart and pivot table
Fine analysis you enable

Data is manipulated,
Analysed and updated.
Rows and Columns fit the bill
Gates of logic open to thrill.

Nested Ifs and Inter-quartile ranges,
Conditional formats and tracking changes,
Writing macros for automation,
Drop-down filters and dashboard creation.

Averages, percentiles, and simple sums,
From raw data information comes.
All these things and more as well,
Are given life by good old Excel.

Is there something that you wish you knew more about? To suggest future topics for knowledge matters contact the team
Knowledge Matters

The Postman Never Calls......

A couple of months into retirement, I am afraid to say that I have become a prisoner in my own house. I make the plunge and went blue-ray, it’s stunning, and I’ve not built just picture quality, I’m talking about the astounding high street prices for high street in £1000+ form, the internet exception. Bargain! Now I am at home all day I thought - great - busy busy busy. Two films have been sent over a week to be delivered. E-mails tell me my books are going to be shipped tomorrow - expect 4-5 to 10 business days to delivery. Every day the postman calls, and nothing so far on the door. I don’t leave home before 22:00 in case the postman calls......

The good fun has been the cleaning of the wardrobe. Over 100 ties have come to the local Hospice shop, along with thirty office shirts and three pairs of smart shoes. Your rules have gone to fruition, not being recyclable. Bookshelves no longer bowing. Access 2.0 is never going to come back. I finally submit it...

More shelf space is freed up for the unlisted photography books, still ‘being shipped via the channel island’...

Page for next x

Winner.....

Congratulations to Carl Burns from Brighton and Hove City PCT who is the winner of last issue’s competition. Carl submitted an Excel tip on calculating age which you can all access at the Excel Tips forum on the website. Carl wins a priority place on his choice of forthcoming advanced training courses for either Excel, Access or VBA. Many congratulations!

Knowledge matters is the newsletter of NHS South East Coast’s Knowledge Management Team, to discuss any items raised in this publication, for further information or to be added to our distribution list, please contact:

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E-mail: Knowledge.management@southeastcoast.nhs.uk

To contact a team member: firstname.surname@southeastcoast.nhs.uk

Modelling tools

The Knowledge Management team has been working with Research Into Global Healthcare Tools (RIGHT) who have recently started to put together a toolkit to help healthcare decision makers decide what kind of modelling is best for their needs. The first part of this is now live and a workbook adapted for use by commissioners will be published via the website in the coming months. In the meantime, try out the toolkit at http://www.right-toolkit.org.uk and feel free to contact Aisha Naseer with any comments on this early draft on aisha.naseer@brunel.ac.uk

Quick Quiz

Is organisation Y, according to the graph above, improving their performance in Indicator X?

Answer to be discussed next issue!