Ten measures of success for NHS boards

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I am often asked to provide a steer for Chief Executives and Boards on data, dashboards and strategic measurement. Here are the top ten tips that I think differentiate good boards from great boards.

The great boards I have worked with:

1. **Decide what kind of dashboard they are using.** The majority of organisations will have a system for measuring performance which includes regular review of a suite of approx. 50-60 metrics collectively mandated by one or more external agencies for regulation, performance or licence purposes. Good boards recognise that active surveillance of these measures is necessary for survival. **Great boards** see value in supplementing these 'mandatory' measures with bespoke measures which signal the organisations aims, values and purpose.
2. **Develop a strategy and align measurement to it.** Good boards assimilate measures from mandatory documents, strategic plans and quality accounts to compose a suite of measures for their dashboard. **Great boards** recognise the value in articulating a clear organisational improvement strategy as an integrator which sets out the aim, values and goals for the future. They ensure that the 'dashboard' follows the strategy and not the other way round, creating a bespoke 'strategic' dashboard with a family of measures for a maximum of 6-8 focus areas.
3. **Check the balance of the dashboard against domains of quality.** Good boards ensure that financial measures are balanced with quality data. **Great boards** appreciate that measures need to be balanced and reflect all six domains of quality (safety, effectiveness, equity, efficiency, patient centeredness and timeliness). They are mindful of their propensity to 'blind spots' and regularly check their dashboard for imbalance.
4. **Use data from observation and report as well as numbers.** Good boards tell a patient story at the start of the board, reporting regularly but separately on governance, patients experience and assurance. **Great boards** recognise that qualitative data from patient report (complaints and PALs), staff (surveys and walk rounds, executive breakfasts), observation and individual patient stories are a vital source of intelligence which need to be reviewed collectively for themes. These themes are then used to contextualise numbers and turn them into intelligence in recurrent iterative cycles.

5. **Check the balance between structure, process and outcome.** Good boards report on structure process and outcome but the selection is random and determined by availability of data rather than design. **Great boards** consider the 'balance' of their dashboard measures and strive to include data on the structure of key services (how many patients accessed a service), how key processes are working (how many received all the care they should have received) and the key outcomes which signal safe, effective and efficient services even if that means establishing new data collection systems. They understand the challenge of moving high level outcomes and the lag time which may occur between improvements in process compliance and outcomes improvement.

6. **Understand how often they need to look at the data.** Good boards look at their data at least quarterly. **Great boards** understand that strategic dashboards may move slowly and include measures which are predominantly retrospective (looking in the rear view mirror). They supplement their data with real time data collected daily, weekly or monthly to make contemporaneous course corrections to improvement programmes, reflect and learn.

7. **Understand variation and how to apply special cause rules.** Good boards will use graphical displays which allow them to look at the data over time but require analysts to support their interpretation. **Great boards** are able to articulate the difference between common cause and special cause variation; they can read a control chart and understand the relationship between measurement, improvement and results.

8. **Understand how comparisons are made and their value.** Good boards will understand the value and limitations of risk adjustment, in particular with respect to mortality and high volume clinical outcomes. **Great boards** will see more limitations in risk adjustment than advantages and will be seeking alternate ways of tracking improvement and measuring the effects of their strategic plan. They will be less concerned with how the hospital next door is performing and more concerned with breakthrough results and getting to 'zero'.

9. **Convert percentages to numbers of people affected or protected.** Good boards will understand the percentage of patients affected. **Great boards** will use real numbers, real pictures, names and faces to bring the data to life.

10. **Celebrate success.** Good boards will use data throughout the organisation to celebrate success at staff awards, performance meetings or periodic celebratory events. **Great boards** do this too but they also use data EVERY DAY to motivate frontline teams and engage patients and local populations. Displays of data are everywhere in every nook and corner of the clinical area and are used at every handover to supplement narrative.