

Integrated Performance Approach (IPA)

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Our story



Tees, Esk and Wear Valleys
NHS Foundation Trust

As part of the continuous improvement of our Trust's Performance Management Framework, we identified a need for a more integrated approach to quality and performance assurance and improvement. It was felt that "performance management" of national and local standards dominated the focus of operational services and that there wasn't the same emphasis put into understanding the quality of services provided. There appeared to be almost a "battle" of performance versus quality, rather than seeing the performance as a mechanism that supports quality improvement.

One of the recommendations from a Governance Review also said the board should consider creating a more comprehensive integrated performance report that addresses the live tensions in the organisation as well as its mandated performance targets. Existing arrangements did not support an integrated approach and to truly "integrate" we needed to understand and be able to triangulate data and information (both qualitative and quantitative) in a way which culminates together to give a clearer picture of the quality and performance of our services.

Our story



Tees, Esk and Wear Valleys
NHS Foundation Trust

The Associate Director of Performance worked collaboratively with members of the Board and other key stake holders with the aim of developing an integrated approach to performance that would provide oversight, monitor, and report key measures that demonstrate the delivery of the quality of services we provide and provide assurance to the Board through the Board Sub Committee structure.

The Integrated Performance Approach (IPA) has led to an Integrated Performance Report (IPR) which includes an Integrated Board Dashboard (IPD); demonstrates progress against the Long-Term Plan Ambitions/System Oversight Framework; and is supported by reports from each individual Board Sub Committee. The dashboard is underpinned by Statistical Process Control Charts which has been a positive move away from traditional RAG ratings and has transformed our conversations at Board and within Care Groups. We also have a Performance & Controls Assurance Framework which aligns to our Board Assurance Framework and gives a clear visual representation of where we need to focus our efforts to improve service delivery.

We share our IPRs with our commissioner and ICB colleagues as a form of assurance that has negated the need for separate reporting which is a huge step forward. Positive feedback from our staff, our Board, ICB colleagues and other mental health trusts on our approach has been overwhelming. We now intend to continue our journey with the development of sub committee dashboards to further strengthen our approach.

What have we done?

We have developed an **Integrated Approach to Performance** that enables us to have oversight, monitor and report key measures that demonstrate the delivery of the **quality of services** we provide and provides assurance to the Board through the sub committee structure.

To support the approach we developed:

- ❖ An **Integrated Performance Report (IPR)** which includes an **Integrated Board Dashboard (IPD)**; demonstrates progress against the Long-Term Plan Ambitions/System Oversight Framework; and is supplemented by reports from each individual Board Sub Committee.
- ❖ A **Performance & Controls Assurance Framework** which aligns to our Board Assurance Framework and gives a clear visual representation of where we need to focus our efforts to improve service delivery

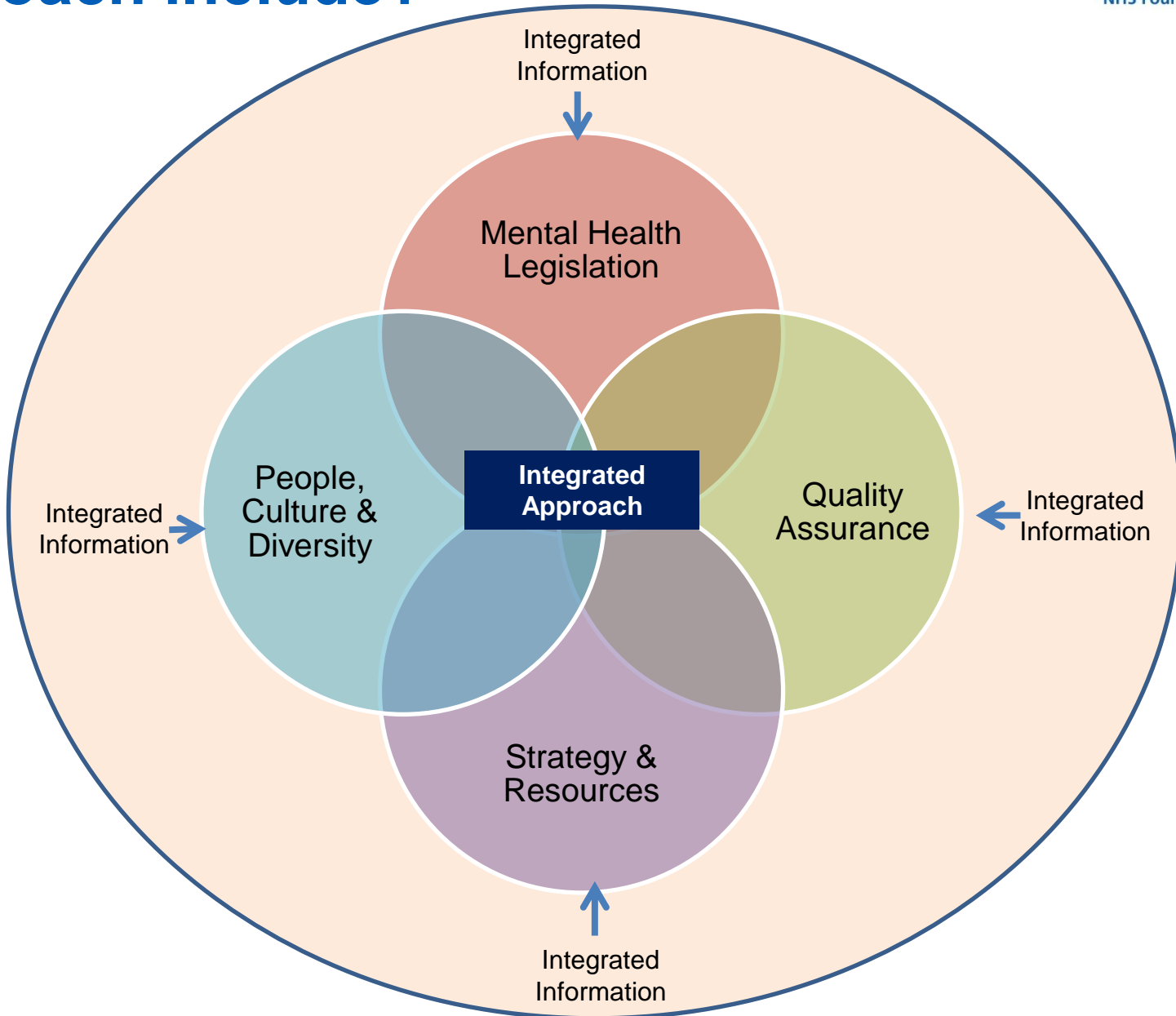
Why did we do this?

- ❖ We identified a need for a more **integrated approach** to quality and performance, assurance and improvement across the Trust as we found there were:
 - *Different processes for performance and quality*
 - *Silo discussions*
 - *Little triangulation of information*
- ❖ This approach supported:
 - *the continuous improvement of the Trust's Performance Management Framework*
 - *the recommendations set out in the June 2020 Quality Governance Review*
 - *Our Journey To Change*
 - *Our Board Assurance Framework (BAF)*
- ❖ This approach was aligned to the revised Governance Framework and the recommendations from the recent review

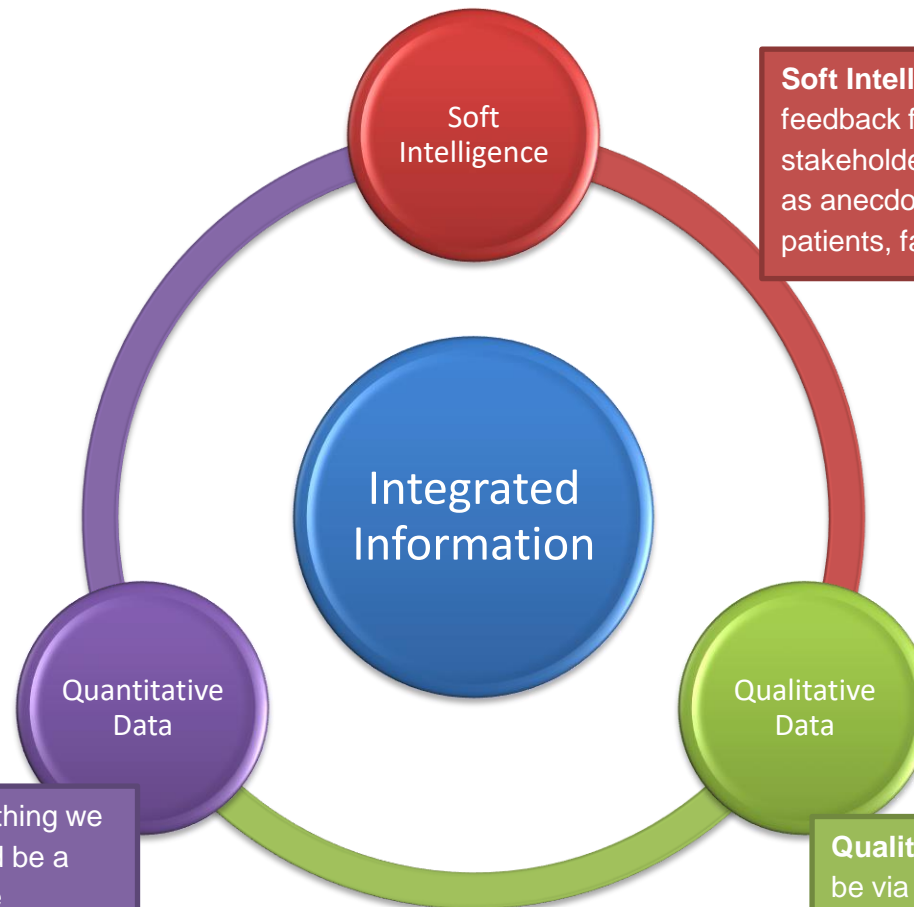
What are the benefits?

- ✓ We have **integrated assurance** about the **quality of services** being delivered to ensure we are meeting all the standards within the CQC domains
- ✓ We can triangulate data and information (both qualitative and quantitative) about the **quality of service** being provided which enables a better and more informed discussion at the Board
- ✓ We are able to identify areas of concern more easily and understand what else is impacting in order to assess whether the actions being taken will have the desired impact
- ✓ We have one report as opposed to multiple reports where assurance is provided by the Board Sub Committee rather than individual corporate departments

What does our Integrated Approach include?



What do we mean by Integrated Information?



Soft Intelligence: this could be feedback from CQC or our external stakeholders or informal feedback (such as anecdotes) that we hear from patients, families, staff etc.

Quantitative data: this is something we can count or measure and could be a range of “hard” data such as the “number of referrals”; the “percentage of positive patient experiences” etc.

Qualitative data: this would generally be via formal mechanisms, for example this could be written feedback from patients and families via our surveys, information from Complaints or PALS issues raised

What is a Performance & Controls Assurance Framework?

As part of the continuous improvement of the Integrated Approach to Performance, we have developed a **Performance & Controls Assurance Framework**

1. We rate each measure using a statistical evidence-based tool/methodology starting with the Statistical Process Control (SPC) charts or where this is not appropriate, we utilise our forecast position or National benchmarking data. This is known as our **Controls Assurance Rating** to link this to the Board Assurance Framework approach

Controls Assurance Rating		
Positive	Neutral	Negative
Positive assurance when SPC chart indicates Special Cause Improvement OR <ul style="list-style-type: none"> • Forecast position is positive • National benchmarking data indicates we are in the lowest (most positive) quartile 	Neutral assurance when SPC indicates Common Cause	Negative assurance when SPC indicates Cause for Concern OR <ul style="list-style-type: none"> • Forecast position is negative • National benchmarking data indicates we are in the highest (least positive) quartile

What is a Performance & Controls Assurance Framework continued?

2. We then give each measure a **Performance Assurance Rating**; where we take into consideration the Controls Assurance Rating; the level of additional intelligence we have; whether we have clear actions or where we have an agreed way forward. This is then combined with a more detailed examination of the SPC charts (where appropriate) to determine an overall performance assurance rating. NB. The level of assurance would only increase or decrease if there is clear evidence that one or more of the elements described supports this change.

Performance Assurance Rating			
Substantial	Good	Reasonable	Limited
The control is operating effectively in meeting its objective (and managing the associated risk). It is being applied consistently. No remedial action required.	The control is operating effectively in meeting its objective. It is generally being applied consistently. Minor remedial action is required.	The effectiveness of the control in meeting its objective is uncertain. Compliance is variable/inconsistent. Some moderate remedial action is required.	The control is not operatively effectively in meeting its objective. There are low levels of/wide variation in compliance. Immediate and fundamental remedial action is required
Substantial would be where we have a level of additional intelligence <u>combined</u> with Special Cause Improvement	Good would be where we have clear actions (enabling or improvement)	Reasonable would be where we have agreed how this will be taken forward (i.e. establishing a task and finish group or undertaking a deep dive) but there are no identified actions at this point	Limited would be where we have no actions or agreement of how this will be taken forward
	If there is a Neutral Controls Assurance rating, you can still have a Good Performance Assurance rating IF there is consistent performance <u>combined</u> with a level of additional intelligence	If there is a Neutral Controls Assurance rating, you should have a Reasonable Performance Assurance rating IF there are any underlying areas of concern	
	If there is Negative Controls Assurance rating, you can still have a Good Performance Assurance rating IF there is an improving position visible in the data	If there is Negative Controls Assurance rating, you should have a Reasonable Performance Assurance rating IF there is a deteriorating position visible in the data	

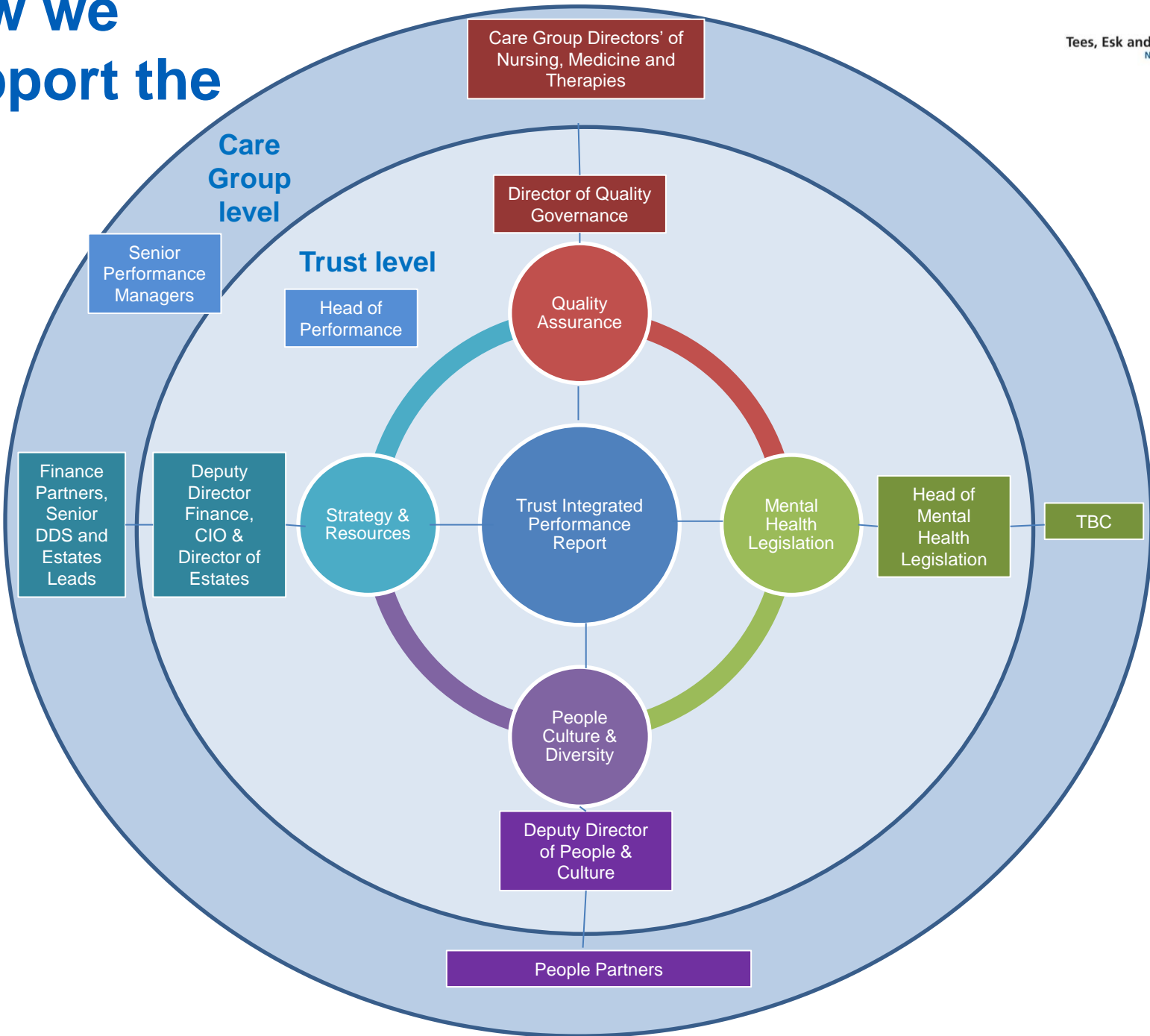
What is a Performance & Controls Assurance Framework continued?



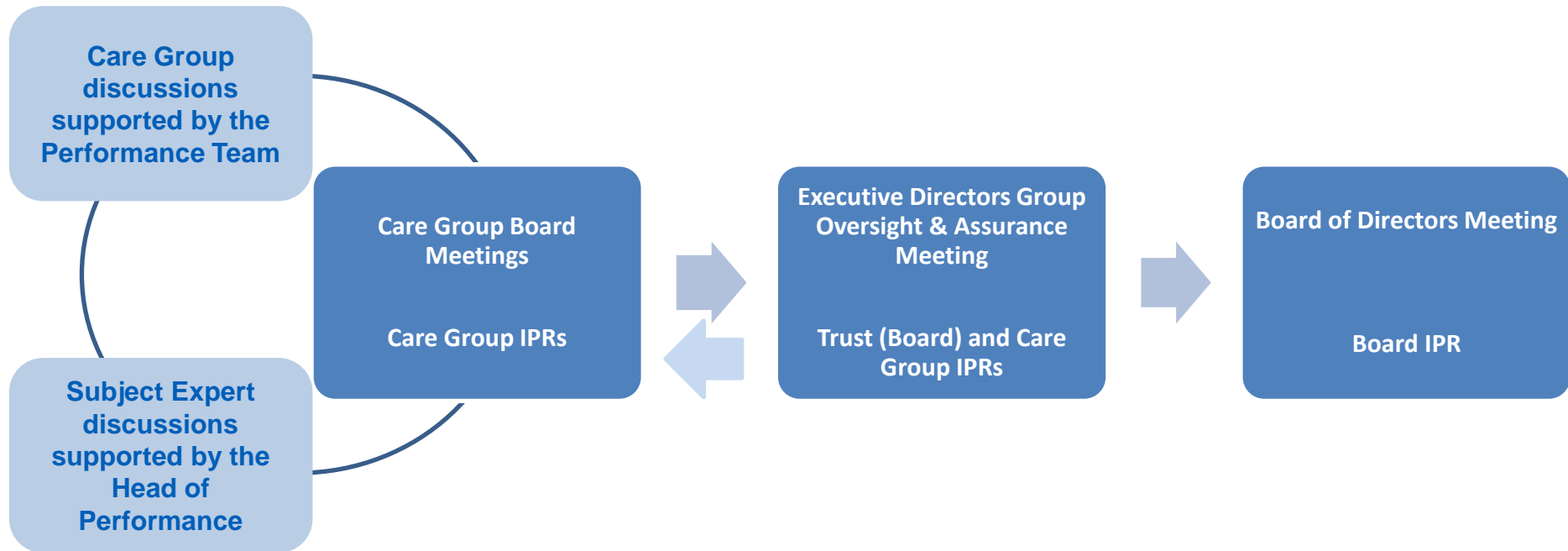
3. For the **Board Dashboard**, this assessment is completed by the Head of Performance and considered at Executive Directors Group to collaboratively agree the level of assurance being provided to the Board of Directors. For the **Care Group Dashboards**, these assessments are completed by the Senior Performance Managers and considered at the Care Board to collaboratively agree the level of assurance being provided to the Executive Directors Group.

		Performance Assurance Rating			
		Substantial	Good	Reasonable	Limited
Controls Assurance Rating	Positive	*Unexpected Inpatient unnatural deaths reported on STEIS	*CRES Performance – Non-Recurrent		
	Neutral		*Serious Incidents reported on STEIS *Medication Errors with a severity of moderate harm and above *Capital Expenditure (Capital Allocation) *Cash balances (actual compared to plan)	*Patients surveyed reporting their recent experience as very good or good *Carers reporting that they feel they are actively involved in decisions about the care and treatment of the person they care for *Inpatients reporting that they feel safe whilst in our care *CYP showing measurable improvement following treatment - patient reported *Uses of the Mental Health Act *Staff feeling they are able to make improvements happen in their area of work *Percentage Sickness Absence Rate *New unique patients referred	*Incidents of moderate harm and near misses
	Negative		*Inappropriate OAP bed days for adults that are 'external' to the sending provider *Restrictive Intervention Incidents	*Adults and Older Persons showing measurable improvement following treatment - patient reported *CYP showing measurable improvement following treatment - clinician reported *Adults and Older Persons showing measurable improvement following treatment - clinician reported *Bed Occupancy (AMH & MHSOP A & T Wards) *Staff recommending the Trust as a place to work *Staff Leaver Rate *Compliance with ALL mandatory and statutory training *Staff in post with a current appraisal	*Unique Caseload (snapshot) *Financial Plan: SOCI - Final Accounts - Surplus/Deficit *Financial Plan: Agency expenditure compared to agency target *Agency price cap compliance *Use of Resources Rating - overall score *CRES Performance - Recurrent

How we support the IPA



Example: IPA Information and Assurance flow – Board IPR



Questions to the Board from the Assistant Chief Executive:

1. Is the level of assurance being proposed in the paper appropriate?
2. Is the Board assured on the actions being taken to improve performance?

Next Steps

Phase 1 We are progressing the new reporting functionality on our Integrated Information Centre (IIC) which will support the IPA and will allow the creation of dashboards from ward to board which will be underpinned by Statistical Process Control (SPC) charts

Phase 2 We are now starting to develop the following Board Sub Committee Dashboards:

- People Culture & Diversity Committee Dashboard – initial development completed now in testing
- Quality Assurance Committee Dashboard – underway
- Mental Health Legislation Committee Dashboard
- Strategy & Resources Committee Dashboard