

## Performance & Quality Management Strategy 2013-16

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1.2	22/11/13	Minor revision to meeting structure chart to colour code internal vs. external meetings and to include reference to 'service' meetings rather than just team or ward.	PaCMAN	Draft
1.3	24/1/13	Approved	F&P Committee	Draft

Key terms	
Name	Description
ET	Executive Team
TDA	Trust Development Authority
SMT	Senior Management Team
CPMG	Contract & Performance Management Meeting
LDU	Local Delivery Unit
PaCMAN	Performance & Contract Management Meeting
CQPM	Contract Quality & Performance Management Meeting
IQ	Trust's Quality Information System

## 1. Introduction

The Trust operates an integrated and focussed approach to performance and quality management, which draws information from a variety of sources to provide a triangulated view of service quality.

For 2013-14, the Trust will focus its approach around seven key indicators of quality (see below), utilising its Quality Information System (called IQ) which allows staff at all levels to take ownership of their performance and manage their services in line with the standards the Trust has agreed.

High level indicators:

- Friends & Family (Quality & Safety committee)
- CQC Compliance (Quality & Safety committee)
- Records Management (Quality & Safety committee)
- Key Performance Indicators (Finance & Planning committee)
- Sickness / absence rates (Employee strategy and engagement committee)
- Supervision / appraisal rates (Employee strategy and engagement committee)
- Finance (Finance & Planning committee)

Activity:

In addition to tracking quality via IQ, the Trust is also required to track activity in year against the planned level of activity included in its contracts with Commissioners (Finance & Planning committee).

## 2. High level indicators & activity plan: annual review cycle

The Trust will review the appropriateness of the seven high level indicators (and their component parts) on an annual basis, utilising both internal and external consultation. This consultation will coincide with the annual contracting round, and appendix A contains a list of sources of input into this process (this list is not exhaustive, but represents the minimum levels of input).

In addition, the contracting round shall also consider the planned levels of activity for the coming year within each geographic area, so that these can be updated. *Systems will then be updated so that amendments are in place at the start of each financial year.*

## 3. Roles and responsibilities

Consideration of performance is required on a regular basis so that knowledge can be shared both up and down the line (i.e. from ward to Board and back again). A diagram that outlines this hierarchy is included as Appendix B. Roles and responsibilities are detailed below:

### 3.1. LDU (incl team / ward meetings and supervision)

The Trust will not be prescriptive about when and where the quality / performance 'conversation' takes place at a local level, other than requiring a monthly session. Local structures will dictate the best solution and ensure that the right input is gained. In support of this approach, a broad checklist is provided (see Appendix C) to help guide the detail and scope of these sessions.

### 3.2. Contract and Performance Management Meeting (PaCMAN)

PaCMAN will 'hold the ring' on monitoring delivery against all key contractual quality and performance requirements (i.e. all seven quality domains, and activity against plan) and includes representation from each LDU. PaCMAN will support the creation and monitoring of action plans where areas of under-performance are identified and will provide assurance to SMT, Board Committees and Board that reported performance is accurate and that issues are being addressed.

*Importantly, PaCMAN will be responsible for ensuring that quality / performance standards are met in all parts of the Trust, even when under-performance in a single area does not impact on the Trust's position as a whole.*

Membership of PaCMAN is included as Appendix D.

**Link to the Integrated Quality Plan:** the Trust now has in place an Integrated Quality Plan (managed by the Head of Quality Information and Systems) and as such there may be existing actions agreed that will support improvement of issue identified and discussed at PaCMAN. It will be PaCMAN's responsibility to ensure that the Integrated Quality Plan is updated when issues arise so as to avoid unhelpful duplication of effort.

### 3.3. Academy

Input from the Academy will be sought where an issue that impacts on quality / performance requires an organisational / pathway level response. This input will normally be coordinated via PaCMAN; however there may be instances where an LDU seeks clarification from the Academy directly.

### 3.4. Contract & Performance Management Meetings (incl Local CPMGs)

The Trust's overall performance will be considered monthly with Commissioners via CQPM, providing assurance that issues identified are being dealt with. The focus of this meeting will be on Trustwide issues, with issues that only effect a single area being dealt with at Local CPMG meetings (with escalation to CQPM if matters cannot be resolved at that level).

### 3.5. Board Committees

As noted in section one above, Board Committees have designated responsibility for individual elements of the quality and performance agenda and as such each Committee will review results on a regular basis and provide challenge to the assurance provided via PaCMAN. This will include challenging the accuracy of the results and the veracity of the plans in place to address areas of under-performance.

### 3.6. Board

Board will take assurance from the relevant Committees as to the Trust's overall position on all requirements. This will allow for strategic oversight and input / prioritisation where the Board feel that this is necessary.

## 4. Tools

### 4.1. Quality Information System

The Trust has in place a Quality Information System (called 'IQ') that provides all staff, from frontline clinician to Board member, with 'real-time' information against the seven indicators of quality outlined above, as well as activity information and other pieces of management information.

Key elements of the system are:

- The system is available 24 / 7 via the Trust's Intranet site and is open to all staff.
- Staff can choose to see the information either for the Trust as a whole, for their local delivery unit, or for an individual team or ward.
- Results against each of the seven domains are presented 'side by side' so an overview of performance can be obtained.
- Where applicable, staff can 'drill into' the high level indicator and review a greater level of detail. For example, for the CQC compliance indicator, staff can access both the overall level of compliance against all 16 outcomes combined, or drill into the data and see the levels of compliance against the 16 outcomes individually.
- Staff are able to 'self-select' peers in order to benchmark themselves. This can be either by selecting 'like' services (e.g. all adult acute inpatient wards) or all services in a given are.
- Staff can view 'month on month' progress at Trust level and also for their local area, so that the impact of improvement initiatives can be monitored.

### 4.2. Scorecards

On a monthly basis, a 'cut' of the information in IQ system is taken and published, to provide a historical record of performance at the time, as well as providing a document that can be shared with internal and external colleagues. The following scorecards are available:

- Local Delivery Units x 7 (B&NES, Bristol, N Som, S Glos, Swindon, Wiltshire and Specialised).
- CCG x 6 (B&NES, Bristol, N Som, S Glos, Swindon and Wiltshire). These versions are identical to the LDU versions, except that for the Key Quality Indicators section, which cuts the data based on the CCG allocation of the service user, rather than where they got treated.
- Trust Level (this is shared with the Board and Commissioners via CQPM).
- Monitor: this scorecard provides results against all key metrics included in the Monitor Compliance Framework; providing the Trust's Governance and Financial risk scores.

- Team / ward: the number of teams and wards within the Trust makes taking a cut at this level impractical, but as the expectation is that frontline services use IQ 'live' during meetings, it is probably unnecessary to archive scorecards at this level.

### **4.3. Integrated Quality Plan**

For 2013-14, the Trust agreed with Commissioners to put in place an Integrated Quality Plan that pulls together (quarterly) all significant issues related to quality and provides overview of the actions agreed to deliver improvements (there may well also be local plans that sit underneath this overarching document).

### **4.4. Monthly activity reporting**

On a monthly basis, the Trust publishes an activity report as a key part of the Contract. This report is shared internally to Local Delivery Units and externally to Commissioners and is reviewed and discussed at CQPM (incl Local CPMGs). In time, planned levels of activity will need to be agreed locally between the Trust and its Commissioners to provide a framework within which to monitor the contract.

### **4.5. Quality Huddle**

The Quality Huddle brings together key and senior personnel from across the Trust with the objective of, in real time, understanding and managing continuous quality improvement across all services. The Huddle will convene twice per month, with the following aims:

- To review the quality and performance data from IQ,
- To review a range of Trustwide quality and performance data as agreed,
- To identify issues and deal with those issues immediately if possible,
- For the enabling Executive to be informed of and address key challenges/issues which prevent rapid quality and performance improvement,
- Share good practice across the Trust, and
- For 'enabling' back office functions to support localities to unblock any challenges.

The effectiveness of the Quality Huddle is overseen by PaCMAN (see section 3.2 above) who hold the ring on work being undertaken to address performance issues and who report, via SMT, to the Board on this agenda.

# 1. Appendices

## Appendix A: places to consult / inform annual review of IQ

External documents:

- Monitor's Compliance Framework / Risk Assurance Framework
- NHS Standard contract
- NHS Outcomes framework
- NHS Operating framework
- NHS Mandate
- NHS PbR Guidance for MH Trusts

External stakeholders

- CPMG
- Local CPMGs
- Specialist Commissioners
- Local Authorities
- TDA / Monitor
- Partnership organisations / third party providers

Internal sources:

- Trust's objectives / strategy
- LDU
- PaCMAN
- Quality Academy
- SMT
- ET
- Board Committees
- Board

## Appendix C: performance review 'checklist'

### Performance review 'checklist'

- **Using the system:** wherever practicable, the IQ system should be used 'live' within meetings.
- **Understanding:** do all members of the meeting understand each of the quality domains, why the Trust has them and how they relate to the service provided? If not, support should be provided (or sought) in achieving this.
- **Review:** consideration should be given to each quality domain to ensure everything is on track, drawing out:
  - **Submissions:** was the CQC Compliance & Records Management submission made for all services? If not, what was the reason for the lack of submission?
  - **What is going well:** the meeting should consider which elements are going well, either because they meet the required standard, or because improvements have been made since the last review.
  - **What is not going well:** the meeting should consider what is not going well, either because the required standard has not been met, or performance is on a downward trajectory.
  - **Compare:** how does the service compare with others on each of the quality domains? For example, this could be for similar services from another area (e.g. Recovery teams in other areas), or when compared to other services within the LDU.
  - **Themes:** the meeting should consider (and triangulate) the information contained within each of the seven quality domains to see if any broad themes emerge.
  - **Actions:** what actions are required to support improvement, either locally within the team, or by other teams in the area, or by more senior colleagues?
  - **Minutes and action log:** keeping appropriately detailed minutes of each meeting is essential, as well as an action log that tracks actions agreed, who is responsible for completing the action and by when it will be delivered.

## Appendix D: membership of PaCMAN

- Director of Resources (Chair)
- Director of Operations (Deputy Chair)
- Director of Nursing & Quality
- Head of Quality Information and Systems
- Locality representative (Managing Director and Client Account Manager)
- Head of Information & Performance Management
- Head of Procurement and Contracts Management
- Head of Investment and Planning