Sheffield Health and Social Care NHS Foundation Trust

Board of Directors – Public

Date:	26 May 2021	Item Ref:	16a

TITLE OF PAPER	Directorate Performance Reviews – Assurance Report and Key Themes
TO BE PRESENTED BY	Phillip Easthope, Director of Finance.
ACTION REQUIRED	This report is provided for assurance. Consideration of themes, are there any surprises or concerns arising from them.

OUTCOME	Board to consider the assurance. Key points to note: The improvement required in relation to Directorate risk registers and how they work within the overall risk management strategy and process. Positive alignment and triangulation to other governance processes
TIMETABLE FOR DECISION	This report is received three times per annum.
LINKS TO OTHER KEY REPORTS / DECISIONS	Delivery of our objectives 20/21. The Performance reviews cover all Strategic aims and priorities.
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Relates to all, no changes to assurance levels or gaps identified in addition to what we already know.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Performance Framework NHS Improvement's Single Oversight Framework CQC Fundamental Standards Quality Schedule with NHS Sheffield Clinical Commissioning Group
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	NA

Author of Report	Phillip Easthope
Designation	Director of Finance
Date of Report	19th May 2021

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Directorate Performance Reviews

1. Purpose

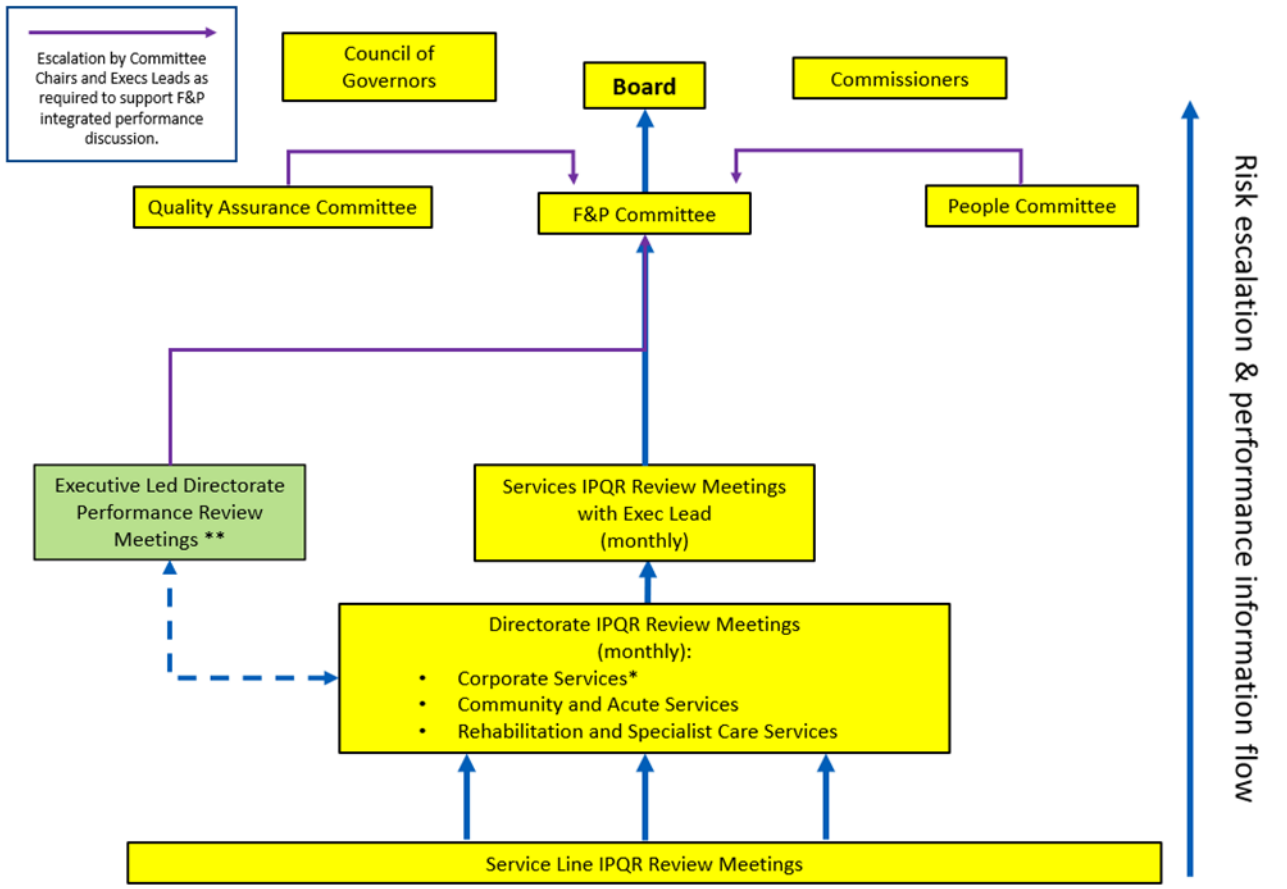
For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	X					
This report summarises the outcome of the first Directorate Performance Meetings in February and March 2021.						

2. Summary

The report was presented to Finance and Performance Committee in May.

The Performance framework sets out how performance will be measured and reviewed across the organisation and the latest summary version is attached for information (Appendix 1)

Figure 1: Internal governance, reporting and escalation arrangements for the PF



* Less frequently

** Look back at key challenges, achievements, issues, current picture, looking forward so broader than performance review, e.g. strategy, transformation, system integration, showcase achievements and best practice

Figure 1, from the performance framework above shows how risk escalation and performance information flows.

The first Directorate Performance meetings under the performance framework took place in February and March 21 and given the governance changes being implemented and the new framework they represent a significant step forward in governance around performance but further embedding and improvements can be made.

Examples of feedback sheet distributed to Directorates are enclosed at Appendix 2, for information. These are intended as a one-off to give an understanding of the operational process.

Key themes for assurance and escalation:
Directorate risk registers where generally considered to not reflect the breadth of risks in delivering their objectives and in many cases reflected organisational wide risk.

Supervision data, concerns were raised about the historic validity of this data, and specifically re new starters. The general point of data accuracy was covered, and confirmation was given re "one version of the truth" and the expectation that in future issues are actively investigated and resolved.

An area of focus of the reviews was on feedback, service user feedback for Clinical Directorates and customer feedback for Corporate Directorates. This was recognised as an area requiring improvement in most areas.

Teams SHSC, it was recognised we need to further improve the wrap around support or Directorate partner model and ensure Corporate colleagues are present at clinical performance review meetings, in particular HR Directorate partners.

Reinforced the KPI / dashboard information required for Estates and Facilities.

Learning areas:
As expected from the 1st iteration of the reviews, improvements can be made and are themed as:

More timely production and distribution of Data packs.
Breadth of information, particularly further drill down to team level data in line with IPQR development.
Some standardisation / best practice identification for future presentations.

What worked well:
Scheduling reviews close together, enabling read across directorates.
Identification re common issues, particularly risk registers.
Alignment and triangulation to what we know through other governance routes, re delivery of objectives, transformation programmes and awareness of challenges across the organisation.
Alignment to annual planning process for 21/22 and development of future objectives, good read across with few surprises.

3 Next Steps

- Report to Board of Directors for Assurance
- Next Directorate Performance reviews are scheduled for late June / early July

4 Required Actions

- Consideration of themes, are there any surprises or concerns arising from them.

5 Monitoring Arrangements

Executive Oversight via operational management and Performance reviews
Further assurance provided to Finance and Performance Committee & Board of Directors

6 Contact Details

Phillip Easthope, Executive Director of Finance

Appendix 1

Sheffield Health and Social Care NHS Foundation Trust

Summary Performance Framework

Version: 11
Date: April 2021

Proud to care in Sheffield

Executive Summary

The Trust Board is ultimately accountable for the performance of our organisation and the services we provide. We therefore want to assure ourselves that our services are performing well, are high quality and that we are providing the best possible treatment and care to our service users and their carers within the resources available to us. We also want to assure ourselves that we are making good progress towards delivering our vision and implementing our strategies and plans.

We want to measure what is important to us, but to minimise the reporting burden on our staff we have, wherever possible, aligned our information requirements with those of our external partners, key stakeholders and regulators.

To provide some structure to the collection, analysis and triangulation of our information and identification of areas for improvement, we have created a performance framework. The performance framework (PF) comprises of metrics that are aligned to demonstrating delivering our vision, values, strategic aims, objectives and priorities.

Our annual business plan describes how will work towards delivering these each year and our PF also allows us to track our progress, tell us how well our services are performing, assess the quality of our services and to confirm that appropriate action is being taken in a timely way, when improvements are needed.

Relevant information will flow from the services and be reported up through our governance arrangements to the relevant Board Committees, Board and Council of Governors. Information will also be reported externally to our partners, key stakeholders and regulators as required.

We will review the performance of our services on an ongoing basis throughout the year and refresh the metrics within the PF at the end of each financial year, or in-year by exception, to reflect any changes in local, national, regulatory and contractual requirements.

1 Introduction

This document summarises our proposed approach as outlined in the paper presented to the Trust Board in November 2020. It sets out the purpose of our Performance Framework, roles and responsibilities, reporting, governance and escalation arrangements. The PF will help identify areas of best practice, to focus on continuous improvement and delivering improved outcomes.

It also allows us to ensure that all our activities are aligned to our vision, values, strategic aims, objectives and priorities, including responding to the COVID-19 pandemic.

Essentially the PF will enable us to:

- Understand how we are doing
- Identify how we can improve, and
- Provide internal and external assurance.

The PF seeks to collate information on clinical and non-clinical operational performance,

activity, finance, safety and quality to give an accurate organisational overview of how we are performing and identify areas for improvement. It will enable us to provide assurance to the Trust Board and key stakeholders regarding the quality and the performance of our services.

The PF will ensure that we place information at the heart of effective decision making and ensure that continuous quality improvement is integral to the core business of all teams and services.

For our PF to be effective, it must be the responsibility of everyone in the organisation. By providing clarity about how information will be used, and roles and responsibilities for providing, interpreting and acting on this information, it is envisaged that the PF will foster a culture of continuous improvement and the adoption of evidence based, best practice.

We are committed to being open and transparent about the performance and quality of our services, the progress we are making and what we are doing to address any areas for improvement.

Regular update reports on various aspects of the PF will be presented to various groups and committees culminating in a composite Integrated Performance and Quality Report (IPQR) which will be presented to the Finance and Performance Committee before being presented to the Board and in summary form to our Council of Governors.

The PF will comprise of a set of externally set and internally agreed metrics that will be used to measure and monitor our progress, performance and quality. These metrics have associated delivery criteria and thresholds, current performance against each metric will be displayed, wherever possible, using icons derived by Statistical Process Control (SPC) methodology to assess the statistical significance of movements in performance.

The metrics within the PF will be refreshed at the end of each financial year considering any changes to local, national, regulatory and contractual requirements.

The following policies and strategies are associated with the PF:

- Data Quality Policy
- Information Governance Policy
- Trust Strategy
- Clinical and Care Strategy
- Quality Strategy
- Estates Strategy
- Digital Strategy
- People Strategy.

Implementing the PF will support achievement of all our strategic aims.

2 Strategic Context

Not only do we need to measure and monitor our progress, the quality and performance of our services for our own purposes, we also need to provide this information for a number of key external stakeholders including:

- NHS England and NHS Improvement
- Care Quality Commission (CQC)
- Clinical Commissioning Groups (CCGs)
- Primary Care Networks (PCNs)
- Local Authority, Sheffield City Council (SCC)
- Sheffield Accountable Care Partnership (ACP)
- South Yorkshire and Bassetlaw Integrated Care System (SYB ICS)
- Public Health England

Our stakeholders monitor the performance and quality of our services for a variety of different reasons including ensuring that:

- We are meeting the commitments of the NHS Constitution,
- We are meeting the requirements of the annual NHS Operational, Planning and Contracting guidance,
- We are compliant with our provider license as a provider of NHS services,
- Our services are safe, caring, well-led, effective and responsive and of a high quality,
- The services we provide meet the related health and wellbeing needs of the population we serve,
- We are meeting our contractual commitments and that our services are value for money and are improving the health and wellbeing outcomes of the people we serve,
- We are making good progress towards delivering our Trust strategy, all supporting and enabling strategies and our business and operational plans,
- We are effectively managing our risks,
- We are working effectively with our system partners,
- We are complying with all relevant legislation,
- We are making good progress in delivering key NHS policy documents including but not limited to the NHS Long Term Plan (2019)[1], NHS Five Year Forward View (2014)[2], Five Year Forward View for Mental Health (2016)[3] etc.

This document should be read in conjunction with the Standard Operating Procedure for Services' Performance & Quality Reviews.

[1] NHS Long Term Plan
[2] Five Year Forward View (england.nhs.uk)
[3] The Five Year Forward View for Mental Health (england.nhs.uk)

3 Accountability, assurance and escalation

Council of Governors: The role of the Council of Governors is to hold the non-executive directors to account for the performance of the Board and to represent the views of members and the public. In order to support the Council in these responsibilities a summary of the work of the Board and its Committees in relation to the IPQR will be submitted to each Council meeting.

Board of Directors: The Trust Board is ultimately accountable for the performance of the Trust and the performance and quality of the services we provide. The Board therefore needs ongoing assurance that our services are safe, well-led, efficient, effective, responsive and are of a high quality. The Board also needs ongoing assurance that how our services are performing, and the quality of our services, is aligned to the delivery of our Trust Strategy, other supporting strategies and our operational plans. Finally, the Board also needs ongoing assurance that appropriate remedial action is being taken to address any areas for improvement.

The Board has delegated some of its authority to several Board Committees. The Board and Board Committees will therefore all receive regular updates on some or all aspects of our PF.

The Board Committees will consider the specific elements of the IPQR as reflected in their terms of reference and may carry out deep-dives into areas raised as concerns by the Services IPQR Review Meeting or independently by the Board. The Committees will scrutinise and challenge the assurance provided by these reports in order to report their findings to the Board.

This information will then be collated into a composite IPQR which is ultimately presented to the Board for oversight and assurance of our performance and quality. The report will also outline any remedial action that is being taken, providing assurance that areas for improvement are being addressed.

Chief Executive: The Chief Executive is responsible for the management of the organisation, including ensuring that financial, quality and safety standards and duties are met within available resources and that opportunities for improvement are identified and acted upon. The Chief Executive will hold Performance Review Meetings three times a year with all Directorates. However, it should be noted that the focus of these meetings is much broader than performance alone; for example, they will present the services with the opportunity to showcase achievements and examples of best practice. The meetings will also provide an opportunity for directorates to reflect on how their work supports the overall strategic goals of the trust and provide an opportunity for directorate issues to be raised that may have trust-wide implications. Feedback from these meetings will be cascaded to Directorate and Service Line IPQR Review Meetings and referred upwards to the executive team meetings, as necessary.

Executive Team: The Director of Finance is the Executive lead for performance, supported by the Director of Nursing, Professions and Operations, Director of People and Medical Director in relation to clinical matters and service quality. The Director of Finance is the named Executive Director with responsibility for establishing and managing the PF. The Information Services Department has responsibility for collating the information, the Performance Team co-ordinate the population the IPQR. The Executive Team is accountable for the performance and the quality of the services provided by the Directorates. Members of the Executive Team

will review the IPQR on a monthly basis with the directorates thus enabling key messages to be fed into the Integrated Performance and Quality Report which will be considered by the Board Committees and the Board. This work will be presented in summary form to the Council of Governors.

Directorates: The Directorate Triumvirates or nominated Executive Director are the Directorate Lead and as such are directly accountable for the performance of services within their Directorate.

Directorate Leads are required to ensure that information is collated in an accurate and timely way and that the information available to them is used to monitor performance and progress and support decision making and quality improvement. An improvement plan should be generated for any areas for improvement (see Appendix 1). The Directorates will apply quality improvement methodologies to secure continuous improvement. The Directorates will hold Service Line Review meetings with the individual services within the Directorate and the intelligence from these meetings will be shared with members of the Executive Team at the Services IPQR Review Meetings (namely, Clinical, Medical and Corporate). These meetings will be an opportunity to showcase what is working well, share learning and provide examples of best practice as well as provide assurance that improvements are being made where needed. The Executive Directors will be on hand to provide advice, guidance and support as required. The performance of the individual Directorates will be reported and escalated as necessary, up through the governance arrangements of the Trust and ultimately to the Board.

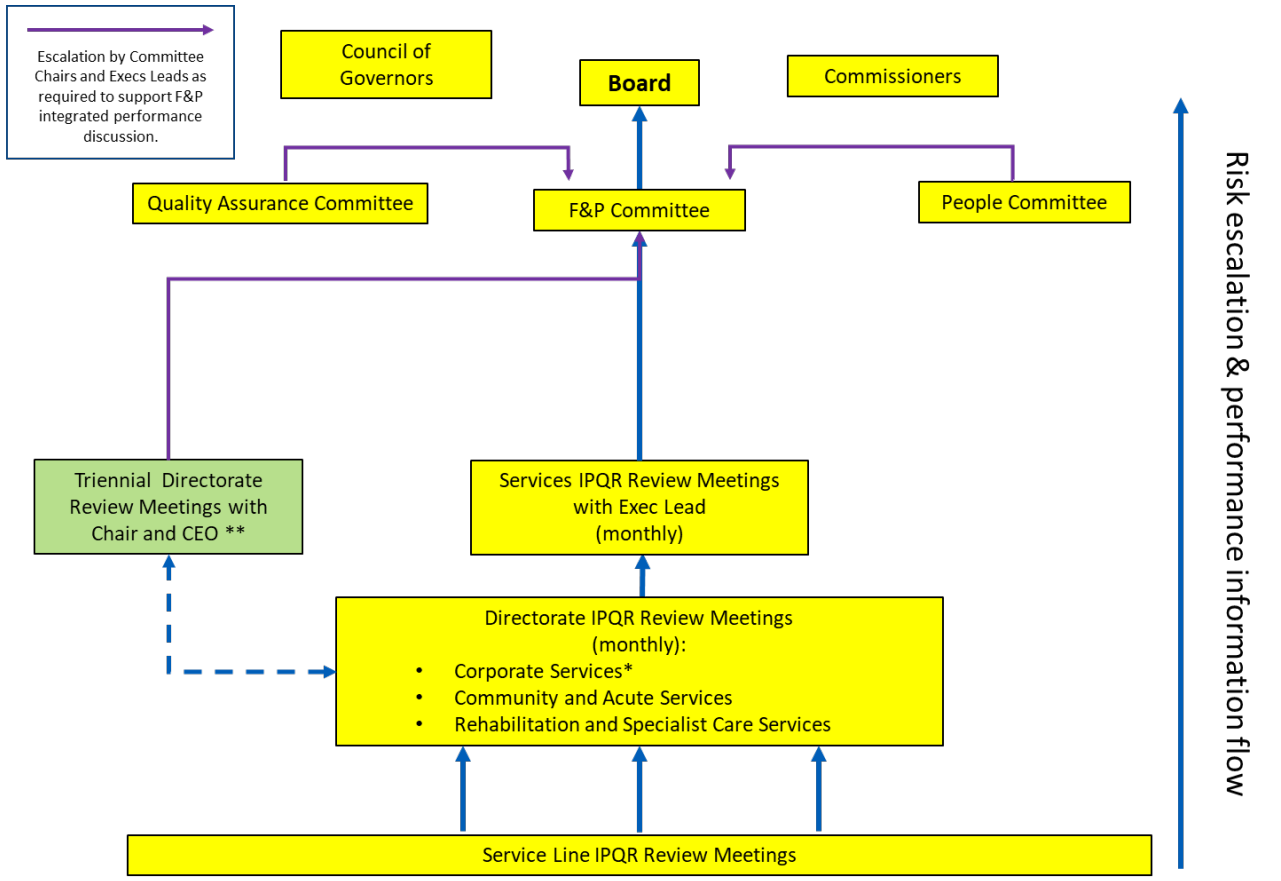
Service Users: Members of the public, including service users and their carers, are welcome to attend the public Board meetings. The IPQR is discussed at these meetings and copies are available on the Trust website. In addition, service user engagement within each service line is also encouraged thus enabling the 'lived experience' of that performance to be understood by the Service Lines

Commissioners: Service performance and quality will be monitored by Commissioners and discussed with Commissioners at the formal contract review meetings. Commissioners will provide scrutiny and challenge and will escalate any issues or concerns to the relevant forum or body as appropriate thereby providing external assurance.

Other External Stakeholders: Trust progress and the performance of our services will be reviewed and discussed with other external stakeholders including the regulators of providers of NHS and Social Care services, as appropriate and as required.

The internal governance, reporting and escalation arrangements for the PF are outlined in Figure 1.

***Figure 1*: Internal governance, reporting and escalation arrangements for the PF**



* Less frequently

** Look back at key challenges, achievements, issues, current picture, looking forward so broader than performance review, e.g. strategy, transformation, system integration, showcase achievements and best practice

The frequency of meetings is outlined in Table 1.

Table 1: Frequency of meetings

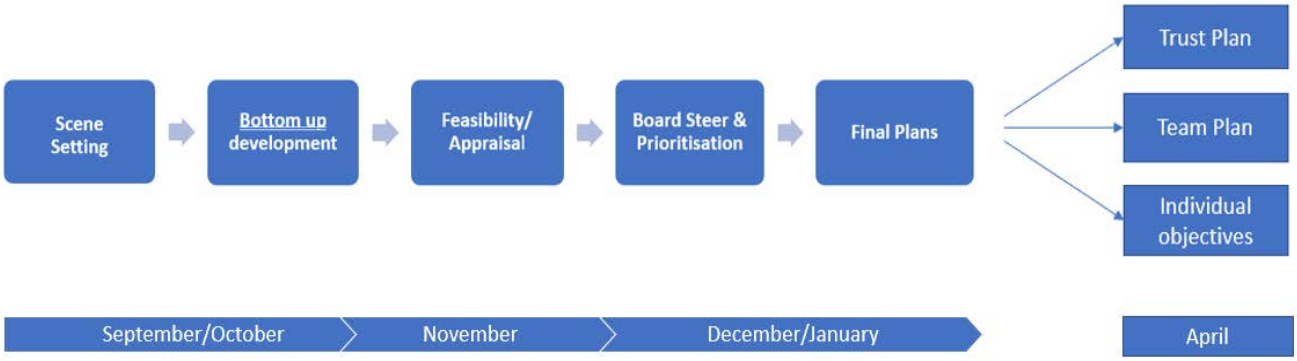
Meeting	***Frequency***
Trust Board	*Monthly*
Board Committees	*Monthly*
Directorate Performance Review Meetings	*Triennial (every four months)*
Services IPQR Review Meeting	*Monthly*
Directorate IPQR Review Meetings	*Monthly*
Service Line IPQR Review Meetings	*Monthly (or as required)*

The scheduling of meetings will reflect the availability and flow of information.

4 Business planning

We have an annual business planning cycle (see **Figure 2**) and as part of this our services refresh and develop new operational plans for the year ahead. Our business plan, which includes the service directorate plans are published at the beginning of each new financial year and describe the priorities and actions for the year ahead that will support the delivery of our vision, values, strategic aims, objectives and priorities.

Figure 2: Business Planning Cycle



5 Measuring and monitoring our progress, performance and quality

The set of key performance indicators (KPIs) which comprise our PF will be reviewed and set each year considering any changes in local, national, contractual and regulatory requirements. These will be presented to the Board Committees for approval. The list of indicators can be varied in-year as required with the approval of the Committees.

Where national guidance exists, the KPI will be constructed according to this guidance allowing for benchmarking. Where this is not available, the metrics will be defined locally in discussion with senior managers and clinicians as required.

For the purposes of measuring and monitoring our performance and tracking progress, we will collect information from a number of sources. This information will be used to populate a variety of reports and will be reported up through the governance structure of the organisation to the Board Committees and to the Board. Summaries of this performance will be made available to the Council of Governors and external key stakeholders and mirrors the accountability and assurance arrangements outlined in **Figure 1**.

Wherever possible we will present the information using Statistical Process Control (SPC) methodology. Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It will help us to identify any variation in performance and areas for further investigation and consideration. Where performance is off track, services will be supported to develop improvement plans as outlined in the Performance and Quality Framework Standard Operating Procedure.

The application of SPC methodology and analysis will provide specific outputs which allow the Trust to:

- Identify performance that may be deteriorating
- Identify performance that is improving
- Assess the likelihood of delivering a standard or target
- Assess whether a process that we depend on is reliable and in control.

SPC icons will enable the reader to analyse performance at a glance.

6 Further information

- The full Performance Framework approved November 2020 can be found here: https://shscit-my.sharepoint.com/:w:/g/personal/deborahc_shsc_nhs_uk/EejnhHV_HkhGshb7vWiMY4YBtt-m8mlRrcvaAUidBlycxA?e=lkY2ng

- Standard Operating Procedure for Services' Performance & Quality Reviews can be found here: https://shscit-my.sharepoint.com/:w:/g/personal/deborahc_shsc_nhs_uk/Eex2bE4mZiRAoGsiAGPOe_wBTHE7axCeQxQcAH5qgCJogg?e=82zsdt

- A copy of our most up to date key performance metrics can be found here: https://shscit-my.sharepoint.com/:x:/g/personal/deborahc_shsc_nhs_uk/EW29J6wL5exHgIBdOeR5Rq0BQkXhFQHC3MrcUdxjh7dRpA?e=kOGjp4

- The most recent copy of our Integrated Performance & Quality Report can be found on the SHSC website Trust Board papers: https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas

- SHSC guide to SPC can be found here: https://shscit-my.sharepoint.com/:b:/g/personal/deborahc_shsc_nhs_uk/EZbZUu2xzZlAlbcvHTFc6zMBJvfkbWHDAad8f_keB0Fvgg?e=aQ3Csz

Appendix 1 Improvement Plan Template

Senior Responsible Officer		Directorate	
Service Line or team		Aims & Objectives relating to this indicator	
Forum where approved		Date of approval	
Next review date		Reportable Committee	

Key Performance Indicator	Month	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
	Trajectory												
	Actual												
Description of Issue & Improvement required													

Actions	Responsible	Date	Update	Date

Date		Version		Written by		Agreed by	

Performance Review: Acute & Community Services
Date: 26 February 2021

SHSC Vision

To improve the mental, physical and social wellbeing of the people in our communities.

Strategic Priorities

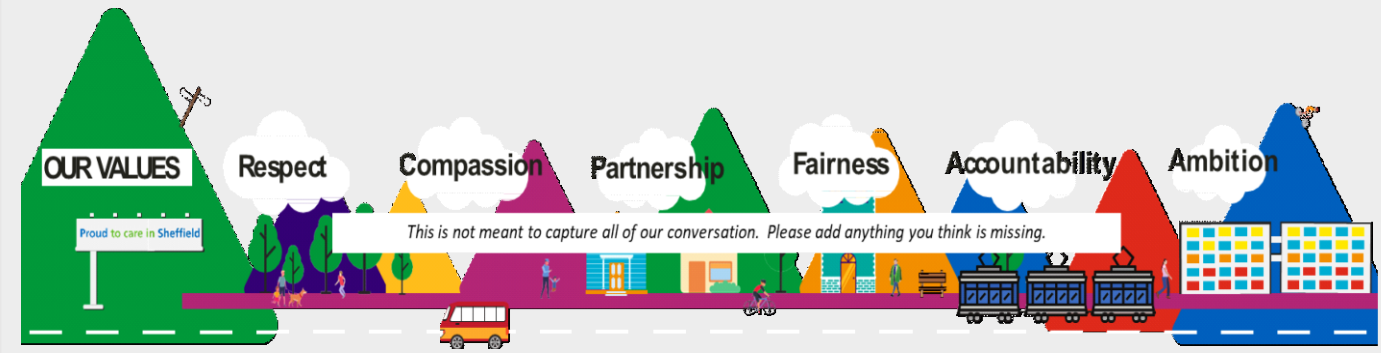
- **CoVid19 – Getting through safely**
- **CQC – Getting Back to Good**
- **Transformation – Changing things that will make a difference**

We would like you to think more about or actions to take:

- Review of risk register (already doing) and ensure understanding of escalation to corporate risk register.
- Develop a detailed understanding of agency usage to drive recovery plans.
- Consider how to develop approach in CRHT to be focused on wanting to take people out of hospital.
- Clarity on supervision policy and recording.
- Understand incident reporting issues and ensure clarity on process.
- Ensure assurance is in place re practices to mitigate ligation risk.
- Work with Corporate Services to develop understanding of waiting list, including develop demand and capacity modelling.
- Agreed establishment for medical staffing.
- Work with Corporate Services to develop planning processes including workforce planning.
- Address budget and establishment narrative, ensuring consistent narrative and ownership of decisions.
- Development of leadership communication channel across the directorate.

We said we would:

- Support re recruitment planning



Sheffield Health and Social Care NHS Foundation Trust

Performance Review: People Directorate

Date: 18 February 2021

SHSC Vision

To improve the mental, physical and social wellbeing of the people in our communities.

Strategic Priorities

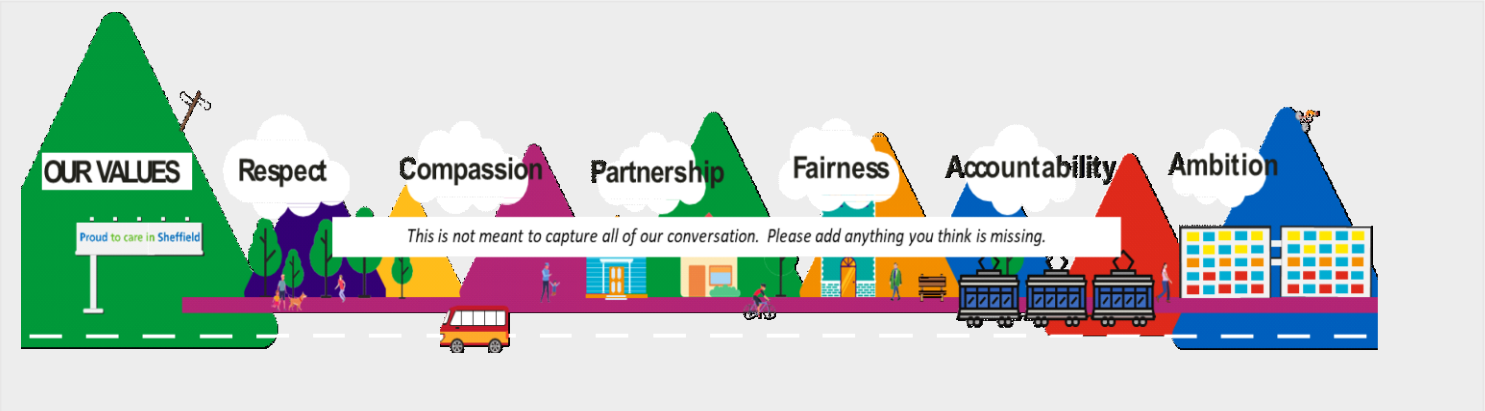
- **CoVid19 – Getting through safely**
- **CQC – Getting Back to Good**
- **Transformation – Changing things that will make a difference**

We would like you to think more about or actions to take:

- Review the risk register, ensure this is focused on directorate risks covering breadth of risks.
- Develop a financial plan to break-even from June 2021 (next performance review).
- Liaise with the Performance Team re accuracy of supervision data to ensure it reflects performance.
- Specificity of workforce information, looking at team level as appropriate ensuring relevant analysis to direct and support appropriate action.
- Policy for Agile Working completed in 4-6 weeks (1st April 2021).
- Review directorate priorities, considering what is achievable.

We said we would:

- Work to update information pack, specifically re supervision and exclusion of new starters.



Sheffield Health and Social Care NHS Foundation Trust

Performance Review: IMST Directorate
Date: 26 February 2021

SHSC Vision

To improve the mental, physical and social wellbeing of the people in our communities.

Strategic Priorities

- **CoVid19 – Getting through safely**
- **CQC – Getting Back to Good**
- **Transformation – Changing things that will make a difference**

We would like you to think more about or actions to take:

- Ensure supervision recording, and therefore reporting, reflects what is happening.
- Look at opportunities to improve recruitment, including advert, opportunity to improve diversity.
- Ensure governance re audits is in place, evidence and actions cleared, not just work done.
- Further consideration to how you will monitor and respond to customer feedback, develop matrix to measure performance.
- Consideration of communication re forward plans and recognition of issues.
- Develop understanding of planning processes, ensure engagement and co-production in solutions.
- Develop local incident management processes which integrate with organisation incident management and risk management processes.
- Review departmental risk register, especially mitigation and impact of actions.

We said we would:

-