

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 24th July 2024
Agenda Item: 19

Report Title:	Integrated Performance and Quality Report Development Plan 2024/25	
Authors:	Rob Nottingham, Performance and Analytics Manager Chris Reynolds, Interim Chief Digital Information Officer Phillip Easthope, Executive Director of Finance, Digital and Performance	
Accountable Director:	Phillip Easthope	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Finance and Performance Committee (FPC)
	Date:	11 th July 2024
Key points/recommendations from those meetings	<ul style="list-style-type: none"> • There was disagreement about whether to remove finance KPIs from the IPQR or not. Further work will be undertaken to explore how financial information could be presented in the report in a way which differentiates it from the dedicated finance report, perhaps by presenting key metrics in SPC or similar charts. • As part of the ongoing review of KPIs, FPC commented on the 4 week wait target for community services. Further work is required to understand this requirement and build into the work schedule. • Related to the IPQR development, papers have been taken to FPC and Quality Assurance Committee (QAC) in July and a paper will be taken to People Committee (PC) in September to ratify the KPIs currently reported, and add and remove a small number. A final paper will be taken to FPC to confirm the outcome of this KPIs review process with the three committees, target date is 10th October. • FPC members commented that the review of the summary was important and required the timing of this to be reviewed. 	

Summary of key points in report

This paper proposes a plan for changes to the Integrated Performance and Quality Report (IPQR) and key performance indicators (KPIs).

This report provides an update to the board on the work to review and propose changes to SHSC's Performance Framework, associated key performance indicators (KPIs), key quality indicators (KQIs), and the Integrated Performance and Quality Report (IPQR).

Engagement and analysis work began in February by holding several workshops with Non-Executive Directors, Executive Directors and key leaders within the Trust. Engagement is an ongoing process and this paper proposes adoption of an iterative approach to the development of the IPQR. Proposed draft changes will be presented to the Quality Assurance, People and Finance and Performance Committees. Final confirmation will be brought to FPC.

Several changes will be completed within three months. Due to the workloads of the EPR, others are more strategic, requiring a replacement of SHSC's data visualisation and data warehousing technology which is being upgraded alongside the implementation of the Rio electronic patient record system. These changes are more long term in nature.

Appendices attached: None

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	✓	Information	
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The Board is asked to receive the report and consider its contents.

Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes	✓	No	
Deliver Outstanding Care	Yes	✓	No	
Great Place to Work	Yes	✓	No	
Ensuring our services are inclusive	Yes	✓	No	

Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission Fundamental Standards	Yes	✓	No		
Data Security and Protection Toolkit	Yes	✓	No		
Any other specific standard?					<ul style="list-style-type: none"> Improving Access to Psychological Therapies Data Set DAPB1520 Guidance (NHS Digital) Mental Health Services Data Set DAPB0011 Guidance (NHS England) Mixed-Sex Accommodation DCB1573 Guidance (NHS Digital) Community Services Data Set DAPB1069 Guidance (NHS Digital) Out of Area Placements (OAPs) SCCI2213 Guidance (NHS Digital) Patient Level Information and Costing Systems (PLICS) Integrated Data Set DAPB4000 Guidance (NHS England) Deprivation of Liberty Safeguards (DoLS), under the Mental Capacity Act 2005, Data Collection DAPB2101 Guidance (NHS Digital)

Have these areas been considered? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes	✓	No		
Financial (revenue & capital)	Yes	✓	No		
Organisational Development / Workforce	Yes	✓	No		
Equality, Diversity & Inclusion	Yes	✓	No		
Legal	Yes	✓	No		
Environmental sustainability	Yes	✓	No		

Section 1: Analysis and supporting detail

Background

- 1.1 A paper was brought to Finance and Performance Committee in March 2024 by the Performance and Analytics Manager outlining the proposed changes to the Integrated Performance and Quality Report (IPQR). This paper is to provide more detail on changes that will be made and estimated timescales.

Engagement

- 1.2 Feedback was received from nine Executive and Non-Executive Directors across a series of four engagement sessions in February 2024. This has been built into the plan for development (section 1.5).
- 1.3 Since the last update was provided in March, the Interim Chief Digital Information Officer and Performance and Analytics Manager received feedback and guidance from senior executive stakeholders. This was required as the feedback received from other stakeholders was sometimes contradictory.
- 1.4 Senior operational managers have also been engaged on data quality remediation work around 72 hour follow up, Liaison Psychiatry waiting times and out of area placements.

Planned Work

- 1.5 Planned work on the IPQR, KPIs and Performance Framework is outlined below with timescales. Due to ongoing staffing challenges (at the time of writing half of the Business and Performance Manager posts are vacant and the Head of Informatics is unavailable) and competing work priorities (predominantly the implementation of Rio EPR), some improvements will be made in the next 3 months and others will need to be addressed after Rio has been fully implemented and embedded.

Deliverable	Status	Target delivery date
Add Liaison Psychiatry A&E 1 hour wait times performance (additional metric for Finance and Performance Committee)	Complete	Jun-24
Update out of area bed nights to include appropriate as well as inappropriate spot purchased beds	Complete	Jun-24
Enhance breadth and depth of summary to Board (performance, safety & quality, our people)	Partially complete	Aug-24
Data quality improvement to 72 hour follow up metric (adult acute discharges)	In progress	Jul-24
Confirmation of out of area placements metric definition	In progress	Aug-24
Restart reporting on Older Adults inpatient and community metrics using Rio data – these will be separate to Insight metrics ¹	In progress	Aug-24
Negotiate new metrics indicating performance against 2024/25 investment areas	In progress	Aug-24
Remove financial performance information in the IPQR due to this being duplicated in another FPC and Board paper	Planned	Aug-24

Improve narrative: more insightful analysis, linked to recovery plans and other improvement work, linked to risks	Planned	Aug-24
Health inequalities: develop KPIs for publication alongside annual report and consider for inclusion in IPQR ²	Planned	Sep-24
Develop reports on Power BI to partially automate production and allow users to interact with the report using filters, drill down etc. for Older Adult services.	Planned	Oct-24
Separate and include improved Older Adult reporting	Planned	Dec-24
Implement changes to the structure of the IPQR for Older Adults, possibly moving from metric-centric approach to service-centric	Planned	Dec-24
Report on data quality using the Data Quality Maturity Index (DQMI)	Planned	Jan-25

¹ See section 1.7 below for Older Adults metrics.

² Follows a paper presented at Executive Management Team on 15th February 2024: 'NHS England's statement on information on health inequalities'

The following developments will also be completed.

Deliverable	Status
Add targets to metrics where not present and appropriate to do so	Future development
Bring metrics into line with national standards where applicable	Future development
Add new table summary of metrics	Future development
Bring more People metrics into IPQR	Future development
Develop reports on Power BI to partially automate production and allow users to interact with the report using filters, drill down etc. for all other Rio services.	Future development
Develop reports on Power BI to partially automate production and allow users to interact with the report using filters, drill down etc. for SystemOne and iaptus-based services.	Future development
Standardise metrics from team level governance meetings through directorate IPQRs (DIPQRs) to IPQR	Future development
Fully implement changes to the structure of the IPQR eg. possibly moving from metric-centric approach to service-centric	Future development
Improve understanding of the IPQR, DIPQR, governance reports, SPC charts and Performance Framework	Future development
Refresh the Performance Framework	Future development

1.6 Other work not listed above, to enable the deliverables, includes:

- 1.6.1 Confirm the purpose and scope of the IPQR
- 1.6.2 Engagement session with trust board, clinical and operational management
- 1.6.3 Analysis of other trusts' reports
- 1.6.4 Analysis of nationally mandated standards and KPIs
- 1.6.5 Enhanced IPQR production process with automated reminders for contributors and performance management
- 1.6.6 Analysis of metrics and alternatives to statistical process control (SPC) charts where appropriate.

1.7 Older Adults inpatient and community performance metrics include:

- 1.7.1 Referrals
- 1.7.2 Waiting lists
- 1.7.3 Referral to assessment wait time
- 1.7.4 Admissions

- 1.7.5 Transfers in
- 1.7.6 Discharges
- 1.7.7 Transfers out
- 1.7.8 Delayed discharge (number of service users and number of bed nights)
- 1.7.9 Bed occupancy (including leave and excluding leave)
- 1.7.10 Average beds admitted to
- 1.7.11 Length of stay (average discharged and live)
- 1.7.12 72 hour follow up compliance
- 1.7.13 Out of area placements

Section 2: Risks

- 2.1 There is a risk that the above timeframes may not be met due to:
 - 2.1.1 There is a risk that our new electronic patient record system will fail to meet the recording and reporting requirements of our clinical services. This risk must be mitigated through rigorous User Acceptance Testing. (Risk 5224, score 12, Corporate Level – BAF Ref 0021A)
 - 2.1.2 There is a risk technical issues in the build which have surfaced post implementation of the launch of the first phase of the Electronic Patient Record (Rio) are not adequately managed resulting in lack of stabilisation of the first stage prior to launch of the second phase with the result there are delays in development and security of the reporting build infrastructure putting in jeopardy ability to move forward. (Risk 5272, score 12, Corporate Level – BAF Ref 0026)
 - 2.1.3 There is a risk of non-compliance with our legal obligations under the Freedom of Information Act 2000 due internal capacity constraints and limited resources which impacts on the quality of service provided to the public, reputational damage to the Trust and possible enforcement action from our regulators the ICO. (Risk 4343, score 9)
 - 2.1.4 Staff attrition in the Performance Team with new staff taking time before being fully effective. (Risk 5342, score 10)
 - 2.1.5 Head of Informatics unplanned leave
 - 2.1.6 interim and temporary cover of the Head of Informatics and CDIO role by interim CDIO and Digital Management Team
 - 2.1.7 competing work priorities, particularly the Rio programme
 - 2.1.8 data quality issues
 - 2.1.9 lack of data and analytics maturity.

Section 3: Assurance

- 3.1 Benchmarking will be performed against other trusts' performance and quality reports, prioritising trusts with a CQC rating of outstanding.

Section 4: Implications

- 4.1 Effective performance and quality management is crucial to achieving SHSC's vision and strategic priorities.

- 4.2 Measuring, reporting and simplifying performance and quality indicators will help SHSC staff to understand the impact their actions have on the care provided and empower them to effect change that will improve this.
- 4.3 Reducing health inequalities is an important priority for SHSC in 2024/25. The indicators included in the IPQR will support the trust to collect a greater proportion of service users' protected characteristics to enable a richer understanding of the communities SHSC serves.
- 4.4 Performance reporting supports SHSC to make the best use of resources and implement recovery plans where performance is falling short of required standards.