

# **THE NHS PERFORMANCE FRAMEWORK:**

## **Application to mental health trusts**

*May 2011 (First published in November 2009)*

**DH INFORMATION READER BOX**

<b>Policy</b>	Estates
HR / Workforce Management	Commissioning
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	Finance
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**Title** The NHS Performance Framework: Implementation Guidance

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**Target Audience** PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, NHS Trust Board Chairs

**Circulation List**

**Description** To support the application of the NHS Performance Framework. To inform Strategic Health Authorities (SHAs) as the regional system managers and Primary Care Trusts (PCTs) as the local commissioners of NHS services of when they should intervene to address poor performance. To inform NHS organisations of the criteria against which their performance will be assessed.

**Cross Ref** Developing the NHS Performance Regime

**Superseded Docs** Previous edition issued April 2010

**Action Required** N/A

**Timing** N/A

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## Implementing the NHS Performance Framework

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**This document should be read in conjunction with:**

***Implementing the NHS Performance Framework (September 2010):***

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098525](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098525)

**and**

***Developing the NHS Performance Regime (June 2008)***

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085215](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085215)

## **Scope and implementation of the NHS Performance Framework**

1. In *Developing the NHS Performance Regime* (June 2008), the Department set out its intention to implement a new national approach to assessing the performance of NHS providers and commissioners.
2. The NHS Performance Framework has been developed and will be implemented as follows:
  - April 2009 – acute and ambulance trusts
  - April 2010 – mental health trusts
3. The focus of this document is the application of the NHS Performance Framework to mental health trusts.
4. The Framework will not initially apply to single speciality learning disability trusts but this extension will be considered in due course.
5. FTs will also not be assessed under this Framework, and will continue to be regulated by Monitor as set out in their Terms of Authorisation.
6. The three NHS Trusts that provide high secure services will be assessed under the NHS Performance Framework until such time as they attain FT equivalent status. As the high secure trusts are not eligible to apply for FT status an equivalent status has been developed specifically for their service model and to provide them with similar freedoms to FTs.
7. Attainment of this status will only occur once the trusts have satisfied the necessary requirements on finance, governance and quality/performance via a formal assessment process. The results of the NHS Performance Framework will inform this process.
8. Subject to the availability of the required data, the Quarter 1 2011/12 results of the NHS Performance Framework as applied to mental health trusts will be made public in the DH publication *The Quarter* in the autumn of 2011.

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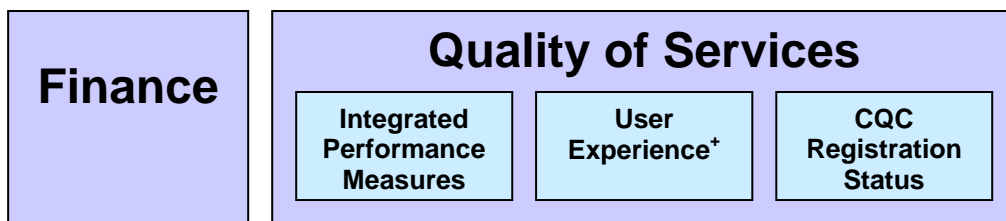
The Framework will be underpinned by existing national indicators and mandatory data collections for 2011/12.

9. The NHS Performance Framework sits alongside the expected performance monitoring linked to the Standard National Contract by which PCTs hold provider organisations to account. The submission of information to support the Performance Framework is mandated in the Standard National Contract for trusts.

### Performance domains

10. The Framework will fundamentally be the same for all organisations to ensure greater parity in the way the performance of the NHS is managed. However, the indicators of service performance will be tailored to the provider in question.

11. Performance will be assessed across two key domains of organisational function:



+ This domain applies only to acute and mental health trusts

12. Each domain is underpinned by a series of indicators, largely from existing sources, and a scoring system to determine performance thresholds.

### Integrated Performance Measures

The indicators in this domain are drawn from the Integrated Performance Measures in the Operating Framework, as they apply to mental health trusts. They have been supplemented by some additional indicators of service performance to give a more balanced picture of organisational 'health'.

13. The indicators of service performance for other types of NHS providers will simply be the Integrated Performance Measures as these are sufficient to provide a rounded view of performance.

14. The supplementary indicators cover the core business of mental health trusts and as such, represent established priorities. They all originate from existing legislation and guidance, and therefore require no additional funding to deliver.

15. Although the indicators are relatively process focussed, and many of them relate to safety and effectiveness, this is appropriate for a Framework that is about ensuring national minimum standards are met. The indicators have been specifically selected to apply as broadly as possible, although there are a few that are service specific.

16. The detailed indicator definitions and performance thresholds can be found in the accompanying Annex.

	<b>Indicator</b>	<b>Rationale</b>
1.	Proportion of adults on Care programme Approach receiving secondary mental health services in settled accommodation*	This indicator was set out as a key priority for tackling social exclusion amongst vulnerable adults in the 2007 Comprehensive Spending Review. This is also a good outcome measure supported by considerable evidence
2.	Proportion of adults on Care programme Approach receiving secondary mental health services in employment*	This indicator was set out as a key priority for tackling social exclusion amongst vulnerable adults in the 2007 Comprehensive Spending Review. This is also a good outcome measure supported by considerable evidence
3.	The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	This indicator supports reduction in rate of death by suicide as research has shown that patients are most vulnerable in this period directly following discharge
4.	The proportion of users on new Care Programme Approach who have had a HoNOS assessment in last 12 months	This indicator is based on existing practice as set out in the 'Refocusing CPA' guidance. The definition has been amended to include variants of HoNOS, eg HoNOS 65+.
5.	The proportion those on CPA for at least 12 months reviewed in the last 12 months	This is based on existing practice as set out in the 'Refocusing CPA' guidance
6.	Proportion of inpatients who had recorded incidents of physical assault to them	This featured in the 'Count Me In' census and is a good gauge of wider organisational performance The indicator will be constructed in such a way as not to diminish the benefits of allocating leave
7.	The number of episodes of absence without leave (AWOL) for the number of patients detained under the Mental Health Act 1983	This indicator reflects a key aspect of the Mental Health Act and again is a good gauge of wider organisational performance
8.	The number of new cases of psychosis served by early intervention teams per year against contract plan	This is an integrated performance measure.

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9.	The number of admissions to the trust's acute wards that were gate kept by the crisis resolution home treatment teams	This is an integrated performance measure.
10.	The number of admissions to adult facilities of patients who are <16 years of age	This is an existing legal requirement as set out in the Mental Health Act 1983
11.	Delayed transfers of care to be maintained at a minimal level	This is an integrated performance measure.
12.	Data quality on ethnic group	This is an ongoing expectation and the indicator has been amended to cover all users of adult specialist mental health services
13.	Data completeness of the MHMDS	This is an ongoing expectation

### CQC Registration Status

17. From 1 April 2010, all acute, ambulance and mental health NHS trusts in England were required to be registered with the CQC to provide care. To be registered, trusts must show they meet new essential standards of quality and safety, on an ongoing basis<sup>1</sup>.

18. From 1 April 2010, the issuing of a warning notice against a single registration regulation in a quarter leads to an organisation being labelled *Conditions(1)*, and will result in automatic categorisation as *Performance under review*.

19. Should a trust be issued with a warning notice against more than one registration regulation, or subject to enforcement escalation beyond a warning notice e.g. a fine, in a quarter, then it will lead to the organisation being labelled *Conditions(2)* in that domain, and will cause them to be categorised as *Underperforming*.

20. The over-riding rules of the Framework would be used if the enforcement action taken by the CQC indicated a major failing of clinical governance (see paragraph 3.4 in main guidance document<sup>2</sup>).

21. The CQC's judgement alone will be used to determine the categorisation in this domain. The only exception would be if the CQC uses achievement of a target or standard as a registration condition, in which case this would be captured in the Service Performance domain to avoid double jeopardy.

22. The results of this domain will be based on the most current information publicly available from CQC at the time of production of the Performance Framework results.

### User Experience

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1 For further details see: [http://www.cqc.org.uk/publications.cfm?fde\\_id=13510](http://www.cqc.org.uk/publications.cfm?fde_id=13510)

2 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_115035](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115035)

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23. The source of the indicators for the User Experience domain is the 2009/10 community mental health services survey. This forms part of the NHS national patient survey programme<sup>3</sup>, which is coordinated by the Care Quality Commission (CQC). This survey programme collects structured and systematic feedback on the quality of service delivery from the patient/service users' point of view. In this way, it provides robust measures of NHS performance - at organisation, regional and national levels.

Performance on User Experience will be assessed by monitoring scores to a subset of survey questions, which are categorised under distinct "themes" that patients identify as service priorities. Confirmation of the four broad headings that that make up this domain are set out below:

- Access and waiting
- Safe, high quality coordinated care
- Better information more choice
- Building closer relationships

24. National data on User Experience is currently collected on an annual basis. To balance the importance of the views of service users against this fact, the result of the User Experience domain is used as a moderator of overall organisational performance. This means that if a provider is *Underperforming* on User Experience, it cannot be categorised overall as better than *Performance under review*. This level of performance on User Experience would indicate shortcomings in the way the organisation related to its users and could indicate real failings in performance more widely.

25. It is possible that a provider could be persistently categorised as poorly performing in the absence of new User Experience data. Under these circumstances, the SHA should continue to intervene to tackle the root cause until improvements have been demonstrated in locally conducted feedback surveys, possibly collected on a more frequent or ongoing basis. To enable comparison with results from the nationally coordinated survey, the Department would suggest that any local survey conducted follow the same approach as that used in the national patient survey<sup>4</sup>. If the results are sufficiently encouraging then no further intervention will be required and the results of the next quarter's Performance Framework would be updated to reflect the new position.

## Finance

26. A working group drawn from across the NHS developed the finance indicators, which cover the key financial requirements set out in the 2010/11 Operating Framework. The data will be sourced and calculated from the Financial Information Management System (FIMS), which is submitted quarterly.

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<sup>3</sup> Further details about the NHS national patient survey programme are available via the website of CQC: <http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm>

<sup>4</sup> DH has worked in partnership with CQC and the NHS survey coordination centres to develop a localised survey support package to assist organisations who wish to conduct a local survey using the approach of the national patient survey programme. This includes an advice centre – which can be contacted by telephone or e-mail – as well as a range of tools, instruments and guidance documents for local use. Further details will be made available, in due course, via the website of the mental health services patient survey coordination centre (see web link at footnote 2).



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27. The indicators are divided into five sub-domains covering key areas of financial performance for NHS providers:

- Initial planning
- Year to date financial performance
- Forecast outturn
- Underlying financial position
- Financial processes and balance sheet efficiency

28. Some of the indicators in these sub-domains may be new to providers as they rely on information the Department does not currently performance manage. Therefore, there may initially be some data quality issues relating to these new indicators, but these should be rapidly resolved.

29. The overall Finance score is the sum of the weighted indicator scores for each trust. However, all providers are subject to over-riding rules that dictate the maximum score they can achieve (see accompanying annex).

### Conclusion

This document provides an overview of the way in which the performance of mental health trusts will be assessed. It is an annex to the original implementation guidance<sup>5</sup> and should be read alongside it. This document contains details of performance categories; scoring; the escalation process; system accountability; and links with the regulatory framework.

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<sup>5</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098525](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098525)