



**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria
University Hospital NHS Trust**

Policy for Regulation of Performance Indicators

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Accountable Director	Executive Chief Operating Officer
Policy Author	Head of Information and Patient Services

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Cumbria Partnership NHS Foundation Trust | North Cumbria University Hospitals NHS Trust

Policy On A Page

SUMMARY & AIM

The policy sets out the process required in managing the approved Performance Indicators of the Trust together with the actions required should errors in reporting be identified. The policy relates to all Performance Indicators contained within the NHS Improvement Single Oversight Framework and will help to ensure that all internal standards are met, and the use of data from Performance Indicators is reported appropriately.

KEY REQUIREMENTS

With respect of changes or amendments to Performance Indicators; Managers are required to follow the process documented in this policy to ensure changes to Performance Indicators are appropriately authorised and controlled. A register of Change Control Forms submitted for action is to be maintained by the Information team.

TARGET AUDIENCE:

This policy applies to all managers and health and social care professionals who are identified leads for Performance Indicators.

There are also specific responsibilities for the:

- **Head of Information and Patient Services**
- **Each Executive Director**
- **Quality & Safety Committee**
- **Finance Investment & Performance Committee**
- **Information Team**

as referenced in Section 8.

TRAINING:

The Information Team will receive informal training in relation to the management of performance control systems.

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1. INTRODUCTION

The policy has been developed to enable the accurate reporting of Performance Indicators and identify the remedial action required should errors be identified or significant corrections be required to previously published data.

2. PURPOSE

The Trust is committed to continuous quality improvement and therefore believes that the processes outlined within this document provide a necessary framework to assist in the achievement of quality performance reporting.

3 PROCESS

Appendix 1 and 2 detail the process to be followed to ensure changes to Performance Indicators are appropriately authorised and controlled. A register of Change Control Forms submitted for action is to be maintained by the Information Team.

In relation to regulation of Performance Indicators, the Information Team will identify changes on a monthly basis within the Integrated Performance Report. A section titled Change Log will include the following information:

- Indicator – identification of which Performance Indicator the change relates to.
- Theme – identification on where the indicator appears within the report.
- Changes – identification of the change introduced.
- Executive Director – identification accountable Director of the Performance Indicator.
- Nominated Management Lead – identification of the management lead of the Performance Indicator.
- Date – identification on the date the change was approved by the accountable Director.
- Reason – identification on the reason behind the change and clarification on any effect the change has to previously published data.

Should the change affect previously published data either through the Operational Performance Report or other sources such as the Trust's Annual Report, a separate report "**Performance Indicator Modification Assessment**" will be provided by the Information Team to, Finance Investment & Performance Committee and Board of Directors. This will highlight the impact of the change and highlight any necessary remedial action.

Errors in reporting are defined where it has been brought to the attention of a Director or Information member of staff that the Trust has been inadvertently applying an incorrect definition, or where an error in a routine set up to extract the data has occurred, or where errors/inaccuracies are identified through data validation or audit activity. In each case, the error will be brought to the attention of the, Finance Investment & Performance Committee and Board of Directors together with a correction in the current figures and a re-run of previously reported data.

Any changes or identification of error which pose a significant risk to the Trust will be recorded on the Corporate Risk Register and Incident Register.

4 TRAINING

The Information Team will receive informal training in relation to the management of performance control systems.

5 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trust's monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect being monitored	Monitoring Methodology	Reporting Presented by	Committee	Frequency
What	How	Who	Where	How often
Review of the system to ensure: <ul style="list-style-type: none"> • Appropriate leads are identified for each Performance Indicator (Director and Management) • The change log has been maintained appropriately • Lead committees have been identified of any changes to Performance Indicators and that remedial action plans delivered according to the agreed timescales • Lead committees have been notified of any errors to Performance Indicators which result in changes to previously published data and that remedial action plans achieved the intended outcomes and were completed within agreed timescales • Risks are added to the appropriate risk register and managed according to the Trust's risk management process. 	Formal Structured review	Head of Information and Patient Services	Finance Investment & Performance Committee	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan

- Progress of action plan monitored by the *Finance Investment and Performance Committee minutes*
- Risks will be considered for inclusion in the appropriate risk registers

6. REFERENCES:

Data Definitions Handbook

7. ASSOCIATED DOCUMENTATION:

Data Quality Policy

8. DUTIES (ROLES & RESPONSIBILITIES):

To ensure the Trust's Executive Management team are in a position to deliver assurance to the Trust Board that the appropriate management of Performance Indicators are being achieved within areas of their portfolio, the following management pathway will be followed to ensure all changes are logged and resulting actions as a result of reporting errors are actively managed.

8.1 The Chief Operating Officer

Will be accountable and responsible for the development, maintenance and management of the Performance Report which contains key performance indicators as specified by the Board of Directors.

8.2 Head of Information and Patient Services

Will ensure that the Performance Indicator information reported within the Trust takes into account any changes to reporting requirements and that these are highlighted clearly. Any changes to Performance Indicators which result in the amendment of previously reported information will be brought to the attention of the Trust Management Board, Finance Investment & Performance Committee and Board of Directors. Systematic review of the Performance Indicators will be carried out annually, and the risk impact of the findings of these reviews will be reported for action to the Board of Directors.

8.3 Each Executive Director

Will be responsible for ensuring that Performance Indicators for which they are responsible are actively and appropriately managed in accordance with this policy. In particular the responsible executive will be accountable for ensuring that the following disciplines are used to improve performance reporting going forward:

- Appropriate wording of indicators and clear definitions including inclusion and exclusion criteria are contained within the data definitions handbook.
- Informing the Head of Information and Patient Services of any changes to enable an assessment of these changes on current and previously published performance.

Executive Directors will have arrangements, in place, to

- ensure any changes to Performance Indicators are identified and brought to the attention of the Information Team through completion of the Board Level Performance Indicator Change Control Form detailed at Appendix 1. This includes the identification of previously published reporting errors.
- ensure any errors in reporting coming to their attention are brought to the attention of the Information Team in order that the management route described in this document can be adhered to.

Executive Directors are responsible for the authorisation of changes and any changes affecting national Governance Performance Indicators reported to NHS Improvement or other external regulators should only be made following additional approval by the Clinical Management Group.

It is the appropriate Director's responsibility to nominate a management lead with the relevant skills to work with the Information Team.

8.4 Quality & Safety Committee

Is responsible for the approval of changes affecting national Governance Performance Indicators reported to NHS Improvement or other external regulators.

8.5 Finance Investment & Performance Committee

Is responsible for providing assurance on the Integrated Performance Report prior to consideration by the Board of Directors.

8.6 Information Team

Will be the gateway through which all communications relating to Performance Indicator reporting through the Integrated Performance Report will be referred to before it enters into the management system. The Information Team will forward details of any changes to performance reporting to the appropriate Executive Director in order to seek approval. An initial meeting will take place between the Information Team and the nominated management lead to discuss the management of the process.

The Information Team will be responsible for maintaining up to date information on all Performance Indicators. This will include a system to identify and record changes to the existing reporting requirements and the impact of these changes on previously published data. This will enable the accurate and timely reporting of Performance Indicators to Directors or through external sources such as the Trust's Annual Report.

The Information Team will assess any effect to performance resulting from amendments to Performance Indicators.

8.7 Information Providers/System Administrators

Will ensure that:-

- sufficient supporting information is captured, generated and stored to support the assurance of any Performance Indicator provided as a full audit trail. The location will be documented, and be managed by the Information Provider,
- sufficient data must be retained to recreate and evidence the Performance Indicator at the time it was produced. This may be achieved by storing a snapshot of the source data at the time.
- access to the Information will be controlled by the information provider, and be granted to support any legitimate audit,
- in conjunction with the relevant Data Quality Team ensure authorised changes are implemented, tested and verified in accordance with documented requirements.

8.8 Data Quality Team

The Data Quality Team will publish guidance to end users on how to collect data for new or revised targets where significant changes have been implemented. The Data Quality team will also complete validation tests to ensure that the planned changes are in place and the Performance Indicators accurately reflect the documented requirements.

8.9 Policy Authors

Are responsible, following notification, for making appropriate policy amendments to ensure Trust direction and guidance remain consistent with authorised Performance Indicator changes.

8.10 Nominated Management Lead

Will be responsible for:

- active participation in the development and maintenance (with the full support and in conjunction with the Information team) of robust indicator definitions and other associated supporting information,
- advising the Information Team and appropriate Executive Director of any addition, change or removal of Performance Indicators or errors in reporting,
- undertaking where appropriate assessment in conjunction with the Information Team into the effect of changes to Performance Indicators,
- facilitating the communication of indicator requirements to operational personnel
- acting as the subject matter expert in the development and amendment of systems and processes required to facilitate data collection and reporting in accordance with indicator requirements
- acting as the initial point of contact for indicator queries originating in operational areas,
- they will ensure that when applicable, previously reported data is identified and brought to the attention of the appropriate Executive Director enabling the errors to be highlighted to the, Finance Investment & Performance Committee and Board of Directors.

9. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
CMG	Clinical Management Group
FIP	Finance, Investment and Performance Committee
NHSI	NHS Improvement
SOF	Single Oversight Framework

TERM USED	DEFINITION
Care Group Assurance Performance Reviews	The 6 weekly Care Group Assurance Performance reviews monitor Care Groups against 4 categories of Performance Indicators; Staff, Service Quality, System Working and Suitable Finances.
Clinical Management Group	The Clinical Management Group (CMG) meets weekly and is responsible for obtaining assurance risk management arrangements, including the maintenance of risk registers, are effective and within care groups and support services. The CMG is also responsible for oversight of the mitigating actions, and will implement alternative actions if original steps have not successfully addressed the risk.
Finance Investment and Performance Committee	The Finance Investment and Performance Committee (FIP) seek assurance and oversee the performance of the Trust in terms of finance, investment and performance against key goal as set out in the strategic and annual plan and other areas as deemed necessary by the committee. Where performance is not to the required standard the FIP committee will require and oversee effective remedial action identified risks will be considered and escalated to the Board of Directors as required.
Addition	Addition of new performance indicators is when a new Performance Indicator is requested to be monitored within the Trust.
Changes	Changes to Performance Indicators are identified when adjustments have been made to a Performance Indicator in one of the following areas: <ul style="list-style-type: none"> - Description of wording of performance indicator - Target level - Numerator or denominator - Inclusions or exclusions
Removal	Remove of a Performance Indicator is when a Performance Indicator is no longer required to be reported either internally or externally.
Errors	Errors to performance indicators are identified where it has come to the attention of a director or member of the Business Intelligence team that the Trust has been inadvertently applying an incorrect definition, where an error has occurred in a routine set up to extract the data or where data validation or audit

TERM USED	DEFINITION
	activity identifies inaccuracies in previously reported performance information/data.
Full Audit Trail	Full Audit Trail supports a reproducible process to generate performance indicators from source data.
Joint Integrated Performance Report	<p>The Joint Integrated Performance report is prepared for the Finance, Investment and Performance Committee and the Trust Board.</p> <p>The purpose of the monthly Joint Integrated Performance Report is to identify and assess the Trust's performance against the NHS Improvement Single Oversight Framework which includes; Quality, Operational Performance, Finance and Use of Resources, Strategic Change and Leadership. This report achieves this by including; all the NHSI SOF measures areas measured and any relevant local indicators, progress against the system transformation work streams.</p>
Performance Indicator	A performance measure which helps the Trust define and measure progress towards organisational and national goals.
Performance Packs	Performance packs are produced monthly for each Care Group.

APPENDIX 1 – PROCEDURE FOR REPORTING CHANGES TO PERFORMANCE INDICATORS

Performance Indicator Change Control Form (CCF)

Please email this form (sections 1 and 2) to Business.Intelligence@cumbria.nhs.uk when complete.

Section 1 CCF Register Reference:

(to be completed by Information team)

Change Requested For	
Type of Change <i>(Highlight as appropriate)</i>	Add new; Amend existing; Remove existing
Requested By	
Date Requested	
Date change required by¹	
Reason for change	<i>Business case for adding, changing or removing a Performance Indicator:</i>

¹ Five working days notice is required to implement changes to SQL reports

Section 2

Description of Indicator	
Numerator:	
Denominator:	
Data source: e.g. RiO	
Current data set items contained in report (Where Available)	
Description of Change	
Additions:	
Deletions:	
Approved by²	
Date approved	

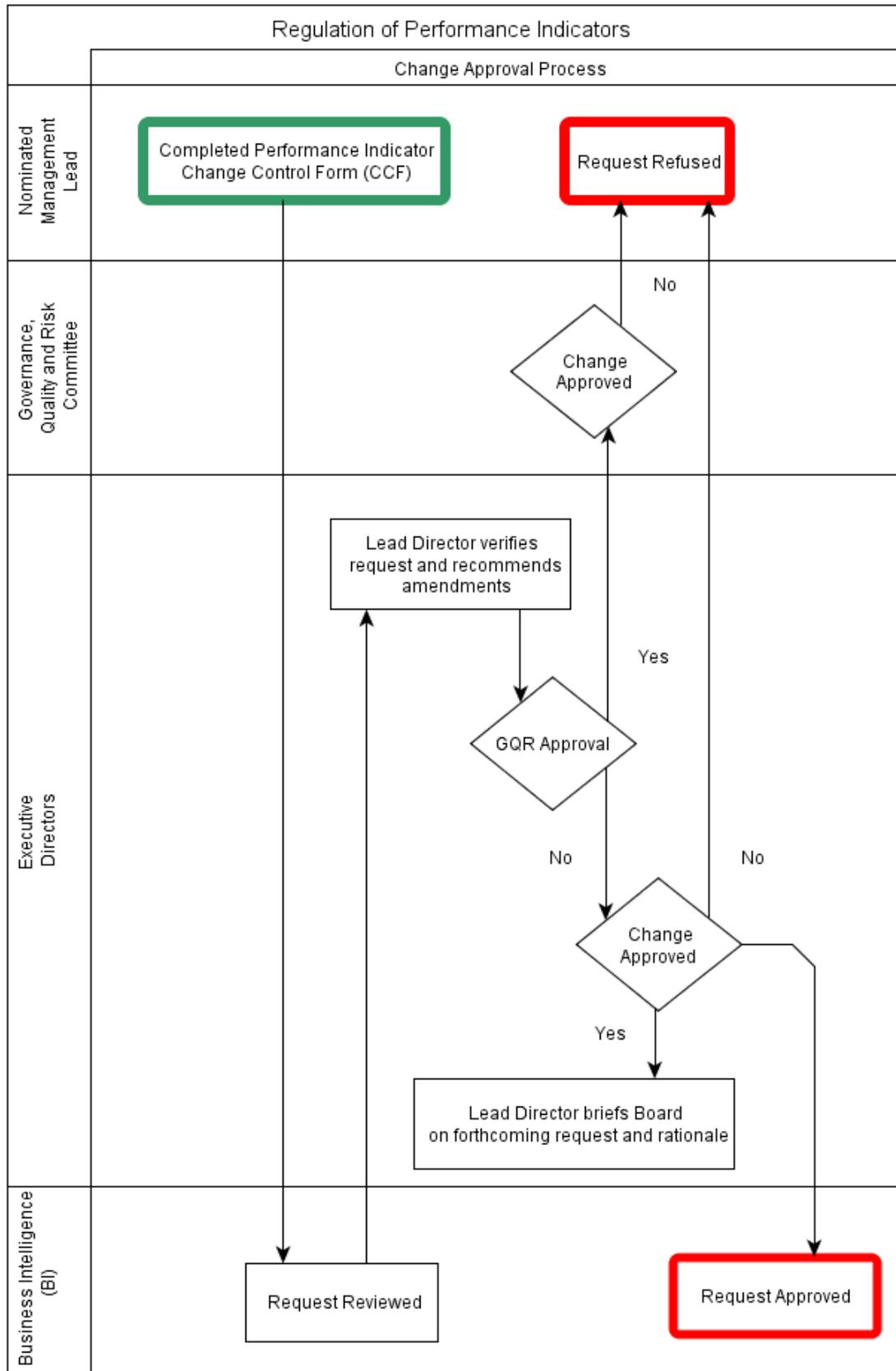
Section 3 - Change Implementation / progression

Action	Completed by	Date
Form Registration		
Information Provider Build Report		
Revised Report Tested		
Revised Report Verified		
Report included in Trust Assurance Report Change Log		

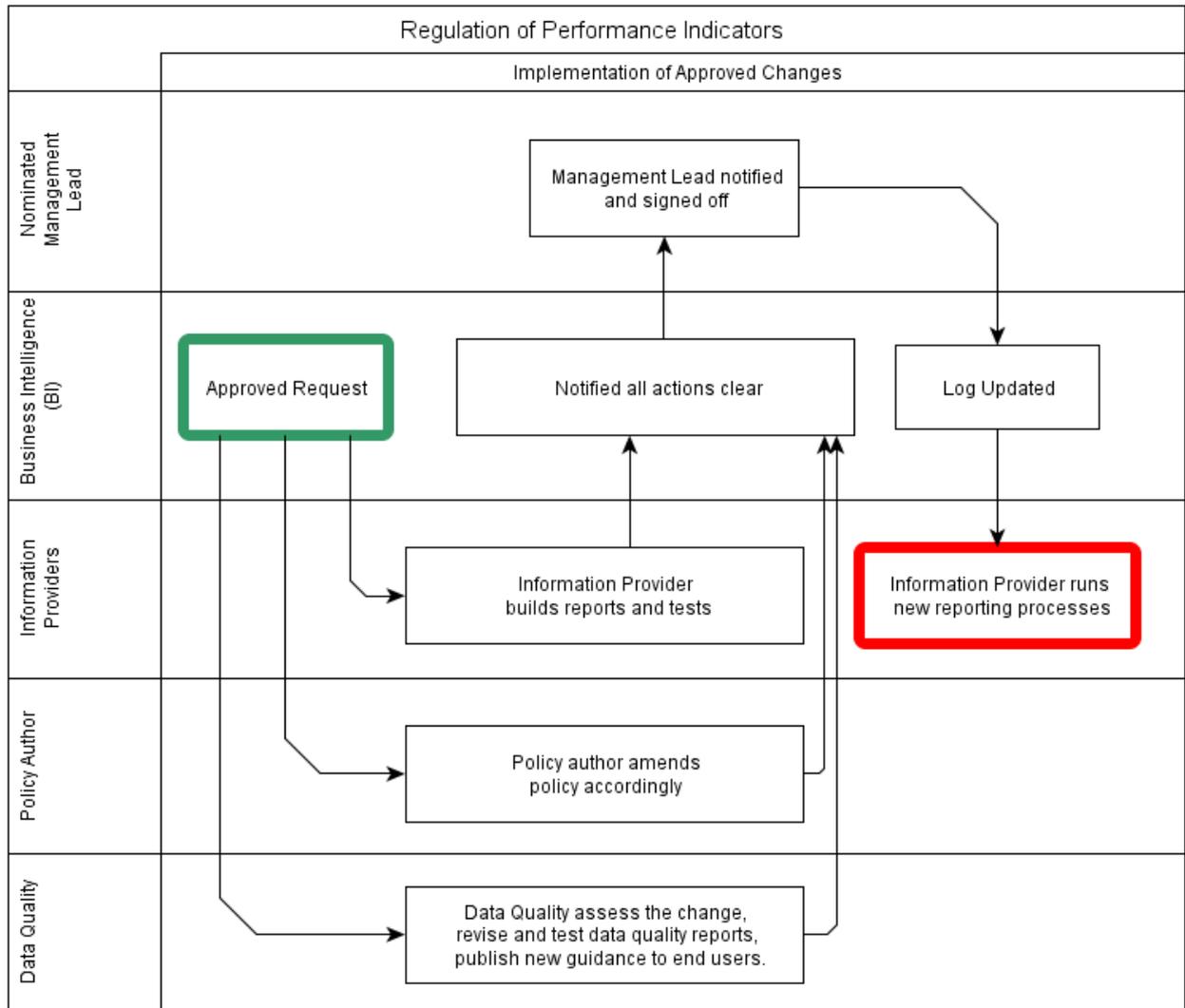
² Approval is required from the responsible director for the Performance Indicator before any work will be undertaken the form must be sent from the email account of the approver. Change requests relating to Performance Indicators reported to NHS Improvement or other external regulators require additional approval by the Quality & Safety Committee.

APPENDIX 2 – PROCEDURE FOR REGULATION OF PERFORMANCE INDICATORS

Change Approval Process



Implementation of Approved Changes



DOCUMENT CONTROL

Equality Impact Assessment Date	N/A
Sub-Committee & Approval Date	CQC Gold Command – 7 th June 2019

History of previous published versions of this document:

Trust	Version	Ratified Date	Review Date	Date Published	Disposal Date
CPFT	POL/002/ 074	20/07/2016	28/02/2019	21/08/2018	31/08/2018
NCUH	N/A				

Statement of changes made from previous version

Version	Date	Section & Description of change
0.1	10/07/2019	<ul style="list-style-type: none"> • Formatting • Target audience – added list of responsible Directors

List of Stakeholders who have reviewed the document

Name	Job Title	Date
Chief Operating Officer and Associate Chief Operating Officers	Members of CQC Gold Command	7 th June 2019