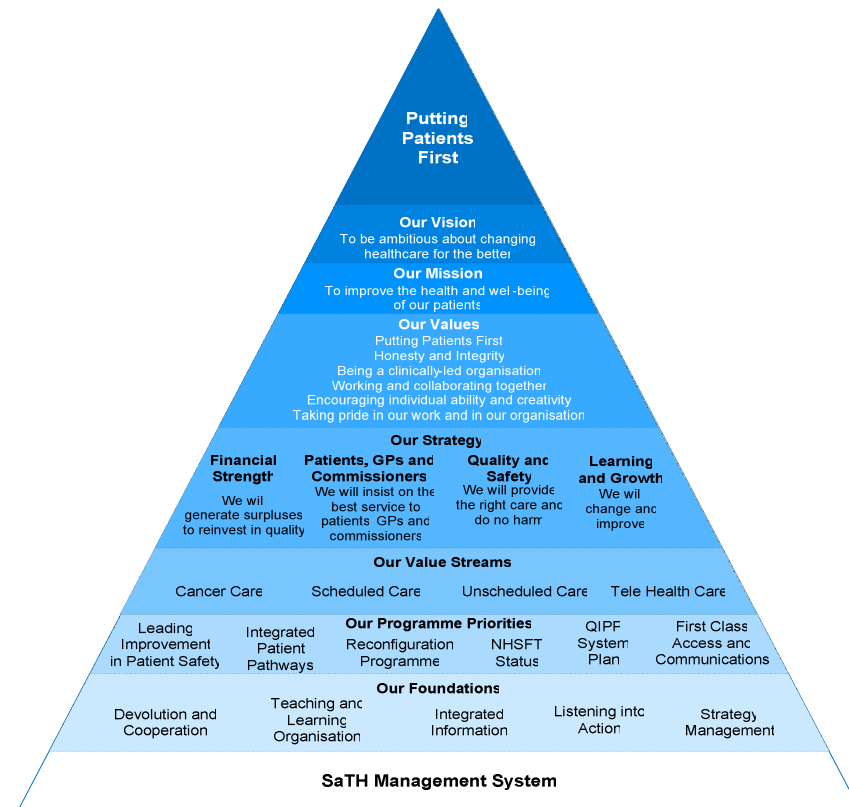


Developing Our Balanced Scorecard Report

Reporting Performance at month 1



1

Developing the Reporting Framework

Concept

Within our 2011/12 Strategic Plan we have described a new approach to strategic planning based on developing a Balanced Scorecard. In order to support this new approach we needed to develop a new Trust Wide Performance Framework and a reporting process that would enable us to measure our performance in relation to the delivery of our long term Organisational Objectives across the four domains of Financial Strength, Patients, GPs and Commissioners, Quality and Safety and Learning and Growth.

In developing a strategy focused organisation it is important that we provide an assurance process that demonstrates we are delivering the strategies we have identified and where we are not, we are reporting the corrective action that we are taking. Our framework and reporting process has therefore been designed with that purpose in mind and will ensure that we focus on the key issues and also draw attention to areas of concerns against delivery of our objectives.

Developing the framework

For each of our Organisational Objectives we have identified an Executive Lead who has been leading the process of defining our key performance indicators. These are referred to as Headline Measures and for each Headline Measure there is a suite of Supporting Measures. Initially, our Strategic Performance Report will focus on the Financial Strength, the Patients, GPs and Commissioners and the Quality and Safety domains and a summary of the Headline Measures against each of these objectives is shown in Appendix 1 together with the Executive Lead.

A number of these Headline Measures are still under development. However, we provided a commitment to report our performance at month 1 against those measures that are critical, i.e. those that relate to quality and safety, contractual commitments or to our financial position. Progress and performance against these 8 measures are reported in the accompanying report. A summary of the critical measures and the proposed timetable for introducing the remaining measures is shown in Appendix 2.

The work completed for month 1 has been focussed on three of our four domains. A process to manage and report the delivery of our Organisational Objectives within the Learning and Growth Domain is being developed. This work includes the review of the Programme Management arrangements within the Trust and the establishment of a Programme Management Office (PMO) and Programme Board.

The Dashboard Report

The monthly report has been designed to present a visual summary of our performance to date, an update on progress and to highlight areas of concern which require action. The structure of the report provides a Dashboard, a summary analysis and an exception report using the principle of a headline measure behind which sits a series of aggregated measures

Each month the report will comprise a Front Page Summary, a Headline Measure Analysis for each Objective and an Exception Report for all supporting measures against which progress or current status has been deemed RED or where the risk has been scored as AMBER and the Director feels further information should be provided. Further details of the content and design of the report are shown in the following section but there are a number of agreed principles:

- A focus on exception reporting
- The use of SPC charts
- Clarity on actions to be taken and by when
- A reference to other more detailed papers
- A Directors risk assessment of action plans and forecasts

The delivery of our objectives will be assessed using a RAG system as follows:

<i>RAG</i>	<i>Status Report (in mth and YTD performance)</i>	<i>Directors Forecast</i>
RED	Target not achieved	Performance is off track and plans will be put in place but there remains some level of risk
AMBER	Target Expected to be achieved	Performance is off track but action plans are in place and expected to deliver original plan by the agreed timescale
GREEN	Target achieved	Performance against plan and targets have been achieved within the defined tolerance level

Each Director will also provide an assessment of their confidence level in the action plan designed to deliver the agreed targets. The scoring will range from 1 (**little confidence**) to 5 (**complete confidence**) and will be reviewed each month as part of the process of producing the Performance Report,

The Performance Report will be supported by a Performance Directory which, for each headline measure and supporting measure, defines:

- the target to be achieved
- the Executive Lead
- the managers responsible for providing, and validating, the information
- the source of the information
- the frequency of refresh
- the thresholds for risk assessment and
- details of any external assurance reporting associated with each measure.

The Design and Content of the Strategic Performance Report

An overview of the report and a summary of the information included in the monthly report is shown below:

Front Page Summary

This provides a high level overview of progress against our objectives, within each domain of Financial Strength, patients, GPs and Commissioners and Quality and Safety, informed by an aggregated assessment of the agreed Supporting Measure. Against each Organisational Objective the report will show:

1. The current status which includes:
 - the current month RAG rating
 - the YTD RAG rating
 - the direction of travel compared to the last reported position
2. The Directors Risk Assessment which will include:
 - the forecast RAG and the month in which the change is expected
 - the level of confidence in the delivery of the measure and objective (based on a 1-5 scoring system)

For headline measures that are reported on a monthly basis Directors will provide details of all of the above every month. For measures that are reported on a quarterly or biannual basis a RAG assessment will only be included for the relevant report, i.e. mths 3, 6 and 9.

Headline Measure Analysis

This page provides the first level 'drill down analysis' and includes details of progress against each supporting measure. Each of the Supporting Measures will be individually RAG assessed based on the predetermined targets and thresholds included in the current Performance Directory.

The template comprises 2 text boxes which enable a very brief statement on current performance and forecast performance. If a further Exception Report is included in the pack this will be indicated in the left hand column.

Exception Report

This page will provide the second level 'drill down analysis' and will include additional information for each measure where progress has been assessed as RED or AMBER and the Executive Lead feels further information should be provided.

The 'position analysis' box will provide details on the current position and could be in the form of text or could be graphical trend analysis. The 'Future Actions' box requires a text narrative to describe what actions will be taken and by when and should also identify a Lead or Responsible Officer.

Further Development: The Next Steps

Within our revised dashboard there are a number of new measures. These are under development and it is important that we allow time to develop and refine these measures in discussion with the clinical teams. This will ensure that the Trust Wide Performance Framework is owned by the organisation and that we are measuring the right things and having the right conversation about performance.

Developing our final set of measures will be an iterative process and during the forthcoming weeks the next steps will include:

- Each nominated Executive Lead will liaise with the Centre Chiefs, Value Stream Leads and senior clinicians to further refine the 8 measures reported in month 1 and to complete the individual Performance Directory for each Supporting Measure.
- The Performance Directory will be presented to the Finance and Performance Committee in June.
- The Executive Team will develop the Headline Measures and the Supporting Measures for the remaining objectives shown in Appendix 2 to the agreed timescale.
- To agree which measures are reported and discussed in detail at each of the main sub committees to the Trust Board; Finance and Performance Committee and Quality and Safety Committee.
- To agree a process of collecting and collating the information and validating the data sources. Ensuring that information is collected on a timely basis and is risk assessed each month by the Lead Director.

Recommendation

The Board is asked to NOTE:

- the approach to developing the revised performance framework
- progress to date and
- the performance at month 1

1 Executive Leads and Headline Measures

Organisational Objectives and Headline Measures

<p>Financial Strength</p> <p><i>We will develop and deliver robust plans that generate surpluses to reinvest in quality</i></p> <p>Headline Measures</p>	<p>Develop and implement sustainable clinical strategies FD</p> <p>% Contribution</p>	<p>Develop and grow services that make a positive financial contribution DoS</p> <p>Service Portfolio Matrix</p>	<p>Increase surpluses to reinvest in quality and innovation FD</p> <p>Financial Risk Rating</p>	<p>Maximise the productivity and efficiency of our services COO</p> <p>Upper Quartile Benchmark Index</p>	<p>Eliminate waste and non value adding processes FD</p> <p>Reference Cost Index</p>	
<p>Patients, GPs and Commissioners</p> <p><i>We will insist that we deliver the best service to our patients, GPs and commissioners</i></p> <p>Headline Measures</p>	<p>Patients</p> <p>Involve patients in decisions about them DoQ&S</p> <p>Ensure our patients have a good experience DoQ&S</p> <p>Patient Involvement Index</p> <p>Patient Satisfaction Score</p> <p>Deliver services that are convenient and timely for patients COO</p> <p>Convenience and Timely Services Score</p>		<p>GP Providers</p> <p>Ensure access to clear care pathways to meet the needs of our patients COO</p> <p>Improve our appointments system and process COO</p> <p>GP Satisfaction Score (signposting)</p> <p>GP Satisfaction Score (scheduling)</p> <p>Improve our communication processes and the information we provide MD</p> <p>GP Satisfaction Score (communication)</p>		<p>Commissioners</p> <p>Work in partnership to ensure services meet local needs COO</p> <p>Engage with GPs to plan and deliver future services MD</p> <p>Commissioner Satisfaction Score (delivery)</p> <p>Commissioner Satisfaction Score (planning)</p> <p>Reflect commissioners' plans in our capacity plans and deliver our contractual commitments FD</p> <p>Contractual Commitments Index</p>	
<p>Quality and Safety</p> <p><i>We will always provide the right care for our patients</i></p> <p>Headline Measures</p>	<p>Ensure that we learn from mistakes and embrace what works well DoQ&S</p> <p>Staff Reported Outcome Score</p>	<p>Design care around patient needs DoQ&S</p> <p>Local Inpatient Survey</p>	<p>Provide the right care, right time, right place, right professional COO</p> <p>Time and Place Index</p>	<p>Deliver services that offer safe, evidence-based practice MD</p> <p>Fewer Avoidable Deaths</p>	<p>Meet regulatory requirements and healthcare standards DoC&RM</p> <p>Compliance Index</p>	<p>Ensure our patients suffer no avoidable harm DoQ&S</p> <p>Patient Care Index</p>

2 Timetable for Reporting Progress Against our Objectives

Objective	Measure	Executive Lead	Available from:
A1. Develop and implement sustainable clinical strategies	% Contribution	Finance Director	Month 1
A2. Develop and grow services which make a positive financial contribution	Service Portfolio Matrix	Director of Strategy	Quarter 1
A3. Increase surpluses to reinvest in quality and innovation	Financial Risk Rating	Finance Director	Month 1
A4. Maximise the productivity and efficiency of our services	Upper Quartile Benchmark Index	Chief Operating Officer	Month 1
A5. Eliminate waste and non value adding processes	Reference Cost Index	Finance Director	Month 1
B1. Involve patients in decisions about them	Patient Involvement Index	Director of Quality and Safety / Chief Nurse	Quarter 1
B2. Ensure our patients have a good experience	Patients Satisfaction Score	Director of Quality and Safety / Chief Nurse	Quarter 1
B3. Deliver services that are convenient and timely for patients	Convenience and Timely Services Score	Chief Operating Officer	Quarter 1
B4. Ensure access to clear care pathways to meet the needs of our patients	GP Satisfaction Score (signposting)	Chief Operating Officer	Quarter 2
B5. Improve our appointments system and processes	GP Satisfaction Score (scheduling)	Chief Operating Officer	Quarter 2
B6. Improve our communication processes and the information we provide	GP Satisfaction Score (communication)	Medical Director	Quarter 2
B7. Work in partnership to ensure services meet local health needs	Commissioner Satisfaction Score (delivery)	Chief Operating Officer	Quarter 2
B8. Engage appropriately with GPs to plan and deliver future services	Commissioner Satisfaction Score (planning)	Medical Director	Quarter 2
B9. Reflect commissioner's plans in our capacity plans and deliver our contractual commitments	Contractual Commitments Index	Finance Director	Month 1
C1. Ensure that we learn from mistakes and embrace what works well	Staff Reported Outcome Score	Director of Quality and Safety / Chief Nurse	Quarter 1
C2. Design care around patient needs	Local Inpatient Survey	Director of Quality and Safety / Chief Nurse	Quarter 1
C3. Provide the right care, right time, right place, right professional	Time and Place Index	Chief Operating Officer	Month 1
C4. Deliver services that offer safe, evidence-based practice	Fewer Avoidable Deaths	Medical Director	Month 1
C5. Meet regulatory requirements and healthcare standards	Compliance Index	Director of Compliance and Risk Management	Quarter 1
C6. Ensure our patients suffer no avoidable harm	Patient Care Index	Director of Quality and Safety / Chief Nurse	Month 1