THE NHS PERFORMANCE FRAMEWORK:

Application to mental health trusts

April 2010 (First published in November 2009)

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Policy	Estates
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Author	DH, NHS Finance, Performance & Operations Directorate
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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
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For Recipient's Use	

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This document should be read in conjunction with:

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

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 – PCT commissioners and mental health trusts

3. The focus of this document is 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. Subject

to being successful at assessment, the first of these trusts will be in a position to attain this status from the beginning of this financial year (April 2010).

8. Subject to the availability of the required data, some of which is still going through the ROCR process, the Quarter 1 2010/11 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.

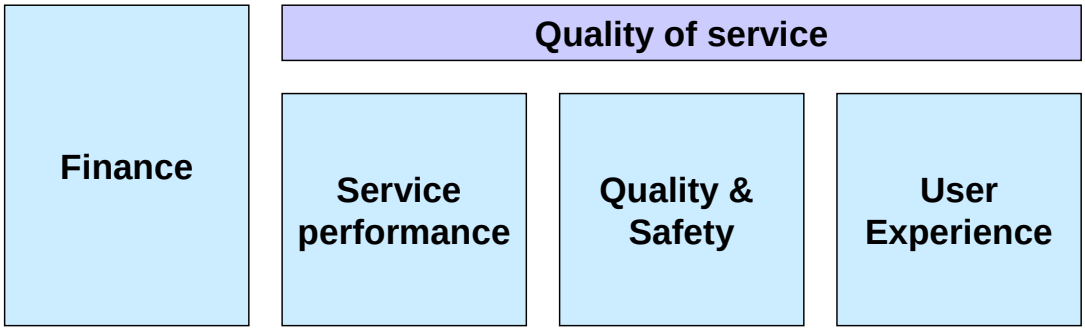
9. The NHS Performance Framework sits alongside the expected performance monitoring linked to the Standard National Contract by which PCTs hold provider organisations to account. The submission of information to support the Performance Framework is mandated in the Standard National Contract for trusts.

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. The NHS Performance Framework will continue to develop in line with the Operating Framework, which currently sets out the priorities for the NHS.

12. Performance will be assessed across four key domains of organisational function:



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

Service Performance

14. The indicators in this domain are drawn from Existing Commitments and Tiers 1 and 2 of Vital Signs as they apply to mental health trusts. They have been supplemented by some additional indicators of service performance to give a more balance picture of organisational ‘health’. Furthermore, they have been tested with a wide range of NHS stakeholders.

15. The indicators of service performance for other types of NHS providers and PCT commissioners will simply be the Existing Commitments and Vitals Signs Tiers 1 and 2 as these are sufficient to provide a rounded view of performance.

16. The supplementary indicators cover the core business of mental health trusts and as such, represent established priorities. They all originate from existing legislation, guidance or CQC's Annual Health Check and therefore require no additional funding to deliver.

17. 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.

18. In time, there may be a case for developing some additional service specific indicators such as for Children's and Adolescent Mental Health Services (CAMHS), and the Framework will be reviewed with this in mind after the first year of operation.

19. The detailed indicator definitions and performance thresholds can be found in the accompanying Annex. For many indicators there are already data collections in place but there will also need to be some new or amended collections. These will be subject to approval via the Review of Central Returns (ROCR) as is usual Departmental policy.

	Indicator	**Rationale**
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. As such, it is an existing Vital Sign 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. As such, it is an existing Vital Sign 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 is an indicator used in the CQC's Annual Health Check – the importance of which has been set out in the 'Refocusing CPA' guidance
4.	The proportion of those on Care Programme Approach reviewed in at least the last 12 months	This is a new indicator but is based on existing practice as set out in the 'Refocusing CPA' guidance
5.	The proportion of users on new Care Programme Approach who have had a HoNOS assessment in last 12 months	This is a new indicator but is based on existing practice as set out in the 'Refocusing CPA' guidance. HoNOS is an established outcomes measure

		that is collected within the MHNDS. Moreover, it is the proposed basis for developing currencies for mental health
6.	Proportion of patients who had recorded incidents of physical assault to them	This already features 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 is a new indicator but 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 existing commitment currently monitored via PCT commissioners which will be collected directly from providers
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 existing commitment currently monitored via PCT commissioners and used by CQC in the Annual Health Check
10.	Provision of comprehensive CAMHS	This is an existing commitment currently monitored via PCT commissioners and used by CQC in the Annual Health Check
11.	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
12.	Delayed transfers of care to be maintained at a minimal level	This is an existing commitment and is also used in the CQC's Annual Health Check
13.	Data quality on ethnic group	This is an indicator used in the CQC's Annual Health Check
14.	Data completeness of the MHMDS	This is an indicator used in the CQC's Annual Health Check

*These two indicators are derived from the Vital Sign indicator set. In Year 1 of application of the Framework trusts will only be assessed on data completeness. Although it is important for mental health trusts to have a firm understanding of the accommodation and employment status of the people they treat, data completeness needs to improve before true performance can be robustly assessed.
+ This is the only indicator which is likely to require a new data collection

Quality and Safety

From 1 April 2010, all acute, ambulance and mental health NHS trusts in England will 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.[1]

Under the NHS Performance Framework, trusts that are initially registered with conditions will be categorised as *Performance under review.* When the CQC removes those conditions, this will be reflected in the trust's rating in the next quarter's Performance Framework results.

From 1 April 2010, the issuing of a warning notice against a single registration regulation in a quarter will result in automatic categorisation as *Performance under review.* If there are outstanding conditions from the initial registration when any such notice is issued then providers will be categorised as *Underperforming.*

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 be categorised as *Underperforming.*

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).

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.

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

Results from the 2010 community mental health services survey[2,3], which is part of the CQC coordinated national patient survey programme, will form the data source for this domain.

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1 For further details see: http://www.cqc.org.uk/publications.cfm?fde_id=13510
2 Further information about the survey programme is available via the CQC and NHS national patient survey coordination centre website:
http://www.cqc.org.uk/usingcareservices/healthcare/patientsurveys.cfm
http://www.nhssurveys.org/
3 A similar survey covering this service has been conducted in recent years (available via the weblink in footnote 1 above), and results were used to monitor performance against PSA 19.1 (*Better Care For All).* This survey has been completely revised to reflect changes in service delivery arrangements, so continuity with these previous measures has been lost. However, the underlying methodology and reporting format has been retained, which is reflected in this new indicator. Further information on the PSA (including background information, progress updates, and data toolkits for local organisations to use to prioritise areas for improvement) is available via the DH website:
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/NationalsurveyofNHSpatients/index.htm

Performance will be assessed using the same methodology as used by CQC in the 2009/10 Periodic Review for the 'patient experience' national priority indicator.[4]
An overall measure of performance is calculated by aggregating scores from across a number of distinct dimensions of User Experience, with performance assessed by comparing each organisation to the national average. On this basis, each organisation is rated in one of three performance categories (see Annex for more details):

- *Satisfactory = Performing* (organisation score ≥ national average minus 2 standard deviations)
- *Below average = Performance under review* (organisation score < national average minus 2 standard deviations)
- *Poor = Underperforming* (organisation score ≤ national average minus 3 standard deviations)

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.

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.[5] 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

20. 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.

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

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4 Further information is available via the CQC website:
http://www.cqc.org.uk/guidanceforprofessionals/nhstrusts/annualassessments/periodicreview2009/10/existingcommitment/experienceofpatientsmh.cfm

5 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 weblink at footnote 1).

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

22. 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.

23. 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

24. 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[6] 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.

6 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098525