

REVIEW OF QUARTERLY CORPORATE PERFORMANCE REPORT SYSTEM 2009/10

1 Background

The new Quarterly Corporate Performance Report (QCPR) was launched in February 2009 following discussion and agreement by CMT and Board. The Report for the period to June 2009 included a proposal to conduct a year end review of the system. This paper summarises the key findings of that review and makes recommendations for improvement in 2010/11.

2 Review

Individual interviews were held with a range of Executive and non-Executive Directors during March and April 2010 (details below). Discussions were informal but covered areas such as structures, accountability, content, style, value and cross-linkages with other systems. Minutes of Board, CMT and a range of Governance Committees were reviewed to assess the extent to which the QCPR is complementary in terms of its role to bring together key performance information into one single summary report while minimizing duplication with these formal structures.

3 Key Findings

3.1 Interviews

General Comments / Feedback:

- o Good clear and helpful information and overview, a significant advance on previous attempts;
- o Is pitched correctly and provides the right level of detail without being too big or unwieldy;
- o National context notes are important where NHSL performance is less good, to show relative position;
- o Robust agreed and managed programme ensures that all areas are covered timeously and to standard;
- o Underpinning preparatory meetings with Directors are focused and good preparation towards completing the full report and its accompanying narrative on outliers;
- o Quarterly review is a good discipline and cross-system high level summary provides useful source of information for other purposes;
- o Refine the definition of 'amber' and 'red' ratings for each target to highlight more clearly the materiality of the breach;
- o Reduce the level of detailed reporting from individual SIBs as the Modernisation Board increases its scrutiny of this area during 2010/11;
- o Seek assurance that the risks of achieving targets (e.g., negative side-effects or impacts elsewhere in the system) have been assessed and are being managed;
- o Reduce level of detail in Estates ('SCART') report.

Potential new Topic Reports for 2010/11:

- o Mid Staffs - summary of progress from CG Committee;

- o Adult Protection (as well as Child at present);
- o Workforce;
- o Health Inequalities – Reducing the Gap;
- o Shifting the Balance of Care
- o Joint Services Management / Community Care Outcomes;
- o eKSF (until completed March 2011);
- o Service Improvement & Productivity;
- o Best Value;
- o Quality Strategy;
- o Sexual Health;
- o BBV.

3.2 Links with Other Committees

A review of minutes of key Governance Committees confirmed that detailed scrutiny and performance management is in the main conducted via Operating Management Committees (3) and Clinical Governance Committee. The bringing together of key highlights into the QCPR inevitably results in some duplication but efforts are ongoing to minimize this. The value of a whole-system overview report is felt to outweigh any elements of repetition in particular topic areas. Review of minutes also confirmed that the QCPR is now firmly part of the CMT and Board agenda, as per the agreed programme of quarterly reports. Both these meetings continue to receive additional direct reports monthly on topics that have been accorded particular priority.

4 Recommendations

In light of the above it is recommended that:

- o The QCPR continue in its present format and frequency;
- o Improvements be made during 2010/11 in line with the suggestions at 3.1 above:
 - Refinement of ‘amber’ and ‘red’ ratings to highlight materiality of breach of each HEAT target;
 - Additional topic reports to be discussed with lead Executive Directors and introduced into the programme on a phased basis during the year;
 - Review SIB and SCART reports with a view to ensuring greater scrutiny elsewhere and summary exception reports only to QCPR;
 - Risk management in relation to target achievement, and detailed content of reports, be discussed with lead Executive Directors as part of underpinning detailed review meetings.

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May 2010

Interviews:

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| K Corsar, Chairman | 14 April |
| B Sutherland, Vice Chairman | 22 April |
| T Davison, Chief Executive | 8 April |
| L Ace, Director of Finance | 9 April |
| A Graham, Medical Director | 6 April |
| S Kerr (on behalf of C Sloey, Director, CHP North) | 12 March |
| P Wilson, Director NMAHPs | 6 April |
| A Lawrie, Director CHP South | 11 March |
| K Small, OD Director | 14 April |
| H Kohli, Director of Public Health & Health Policy | 16 March |
| L Khindria, HR Director | 15 March |
| R Lyness, Director Acute Division | 12 April |
| I Ross, Director SIPP | 13 April |