

Integrated Reporting in a Provider Collaborative

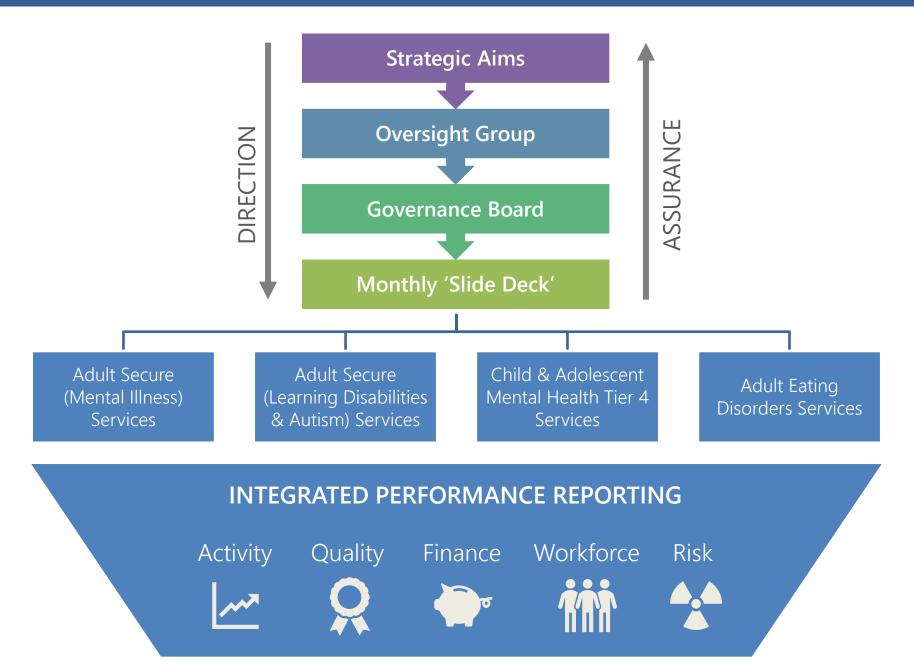
NHS Providers Governance Showcase

July 2023

About us

- Partnership of five NHS organisations, one community interest organisation and two independent sector organisations.
- Initially commenced as one of ten New Care Model pilots for the medium and low secure mental health care of adults in October 2016 - established as a fast-track collaborative and assumed full commissioning responsibility for Adult Secure services in October 2020.
- Wide-range of mental health, learning disability and autism services provided to a population of five million people across six integrated care systems.
- Agreed a shared series of strategic aims which has enabled all partner organisations to unite around a common vision.
- Collaborative approach has secured significant improvements including:
 - Improving access to services and repatriating people back into the region and closer to home.
 - Implementing a single point of access and a live patient flow system to improve referral and bed management
 - Investing in new specialist community forensic teams so that patients can be treated in the lowest possible levels of security.

Our approach to integrated performance reporting



Beginning with the end in mind ... our shared strategic aims

SUSTAINABLE MODEL

"Work within a financially effective way that supports the pathways of clinical needs for our patients and people"

SYSTEM LEADERSHIP



AIM 5 - SUSTAINABILITY

Develop and maintain a clinically and financially sustainable model



AIM 1 - PATHWAYS

Optimise patient pathways, delivering on least restrictive principles, improving access for people as near to their homes as appropriate

OPTIMISE PATIENT PATHWAYS

"Integrate seamless care, in the least estrictive setting identifying the most appropriate setting taking into consideration care needs as near to home as possible"



AIM 4 - LEADERSHIP

our collective clinical commissioner and provider experience to design innovative care pathways alongside experts by experience and their support networks



at scale



AIM 2 - QUALITY

Improve the quality of outcomes of our services for people who use them, through continuous review and removing unwarranted variation



AIM 3 - COLLABORATION

Be a region of excellence for collaborative working enabling shared pathways and system wide solutions

QUALITY

"Improve quality by offering the best experience for patients in our services. Helping patients to feel safe in services by providing consistent care and avoiding unnecessary variation in our South West region"

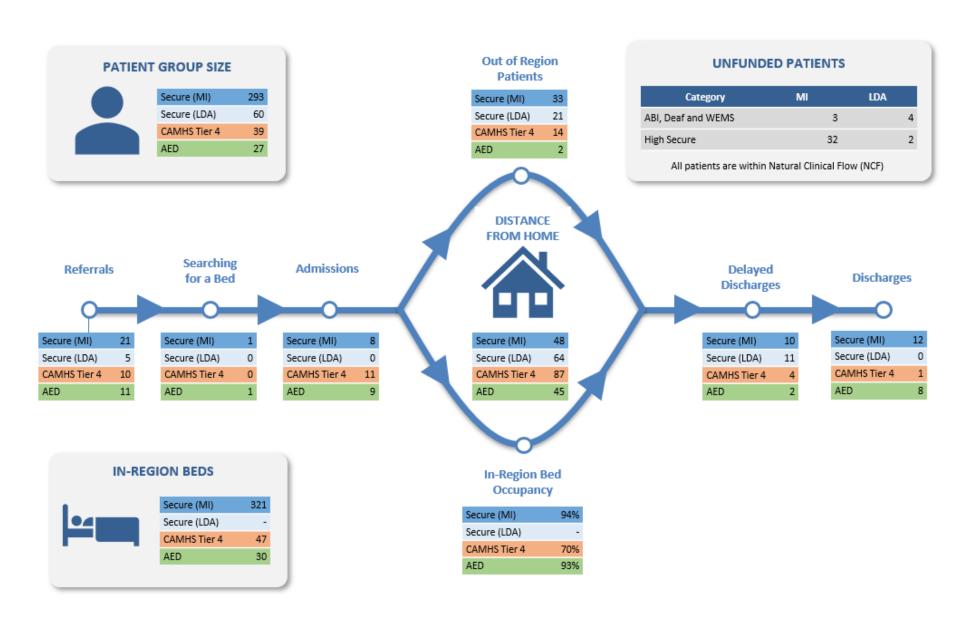
COLLABORATIVE WORKING

"Identify specific needs of the service users, our adult and young people, and how all agencies including advocates, families and carers along with the patient will work together to achieve them"

Summarising our progress in delivering our strategic aims

Strategic aim	Adult Secure (MI)	Adult Secure (LDA)	(CAMHS) Tier 4	AED	OVERALL
1. Optimise patient pathways delivering on least restrictive principle, improving access for people as near to their homes as appropriate.	Achieving	Achieving	Insufficient non-GAU bed capacity both within and outside of region.	Achieving	LOW RISK
2. Improve the quality of outcomes of our services for people who use them, through continuous review and by removing unwarranted variation.	Achieving	Achieving	Only have General Adolescent beds in region. Lack of access to other Tier 4 specialist beds in-region, such as eating disorder beds.	Achieving	LOW RISK
3. Be a region of excellence for collaborative working enabling shared pathways and system-wide solutions	Achieving	Achieving	Achieving	Variation in community provision and further development work required across the region to support appropriate use of beds	LOW RISK
4. Provide system leadership , utilising our collective experience to design innovative care pathways alongside experts by experience and their support networks.	Achieving	Achieving	Achieving	Achieving	LOW RISK
5. Develop and maintain a clinically and financially sustainable model.	Achieving	High cost for some services with Extra Packages of Care required.	Implementing aspects of redesign to the existing clinical model will support clinical and financial sustainability.	Forecast deficit due to demand exceeding original business case. Growth monies may be able to support in the new year.	MEDIUM RISK
OVERALL	LOW RISK	LOW RISK	MEDIUM RISK	LOW RISK	LOW RISK

Patient Pathway Dashboard



Our Integrated Performance Dashboard & Databook



Integrated Performance Dashboard & Databook

April 2023

Secure (Mental Illness)	2
Secure (LDA)	3
CAMHS Tier 4	4
Adult Eating Disorders (AED)	5
Other Service Areas	6



Service Performance Dashboard

Adult Secure (Mental Illness)

Pescription	Strategic Link	Perfor	mance.	Assessme	ent	Monthly	Profile _										
ey performance indicator	1 2 3 4 5		•	Latest	RAG	May-22	Jun-22	Jul-22	Aug-22 S	iep-22 (Oct-22 1	Nov-22 [Dec-22	Jan-23	Feb-23 N	Лar-23	Apr-23
ATIENT ACTIVITY																	·
eferrals (No.)	⊘ ⊘ ⊘ ⊘ −	-	-	14	-	19	12	7	27	13	17	20	11	19	15	24	14
tient group size (No.)	Ø Ø Ø Ø -	-	-	291	-	294	299	293	292	288	290	286	288	287	286	287	291
missions (No.)	⊘ ⊘ ⊘ ⊘ −	-	-	6	-	10	9	7	9	8	5	9	12	4	5	12	6
scharges (No.)	Ø Ø Ø Ø _	-	-	6	-	12	9	10	10	12	7	10	7	6	8	6	6
patriations (No.)	0000-	-	-	0	-	1	0	0	0	1	1	2	0	0	2	1	0
elayed Discharges (No.)	⊘ ⊘ ⊘ ⊘ −	0	5	11	•	6	8	6	5	9	11	11	15	14	14	12	11 -
aiting for a Bed (No.)	0000-	0	5	2	Δ	10	9	1	15	8	10	8	10	5	8	5	2
stance from Home (Miles)	⊘ ⊘ ⊘ ⊘ −	30	50	48	Δ	48	47	48	50	50	50	47	47	46	47	48	48
ngth of Stay (Days)	⊘ ⊘ ⊘ ⊘ −	-	-	787	-	827	805	819	820	811	813	815	803	822	787	788	787
t of region patients (No.)	Ø Ø Ø Ø _	10	25	28	•	26	28	29	29	26	25	22	21	23	25	27	28
D STOCK																	
cupancy of in-region beds (%)	Ø Ø Ø Ø _	90%	70%	95%		90%	92%	89%	90%	90%	93%	91%	92%	91%	91%	90%	95%
Region Beds (No.)	⊘ ⊘ ⊘ ⊘ −	-	-	323	-	349	340	340	340	338	338	338	338	338	338	338	323
sed In-Region Beds (No.)	Ø Ø Ø Ø _	-	-	1	-	1	4	4	4	5	10	6	6	6	6	6	1
cant In-Region Beds (No.)	Ø Ø Ø Ø -	-	-	17	-	34	26	36	34	33	24	29	27	31	30	32	17
IANCE																	
recast (Surplus) / Deficit (£m)	📀	0.1	1.0	(6.2)		-	-	-	-	(5.9)	(5.3)	(6.4)	(5.9)	(6.9)	(6.2)		
usted (Surplus) / Deficit (£m)		0.1	1.0	(6.2)		-	-	-	-	-	-	(3.8)	(5.9)	(6.9)	(6.2)		
ALITY																	
ovider 1	- 🗸	1	3	1		1	1	1	1	1	1	1	1	1	1		• •
vider 2	- 🕗	1	3	1		1	1	1	1	1	1	1	1	1	1		• •
vider 3	- 🗸	1	3	2		2	2	2	2	2	2	2	2	2	2		• •
ovider 4	- 🛮	1	3	1		1	1	1	1	1	1	1	1	1	1		• •
vider 5	- 🗸	1	3	3	•	2	2	2	2	3	3	3	3	3	3		
ovider 6	- 🗸	1	3	1		1	1	1	1	1	1	1	1	1	1		
vider 7	- 🗸	1	3	2	Δ	1	1	1	1	2	2	2	2	2	2		
ovider 8	- 🗸	1	3	1		1	1	1	1	1	1	1	1	1	1		
ovider 9	- 🔮	-	-	-	-	-	-	-	-	-	_	-	-	-	-		

Benefits

- **Strategic alignment** of our reporting and oversight to the delivery of our strategic aims to the extent that we are clearly able to determine our progress in delivering our vision and strategy.
- Develop a shared understanding of our progress across all partner organisations by providing a clear, concise and consistent view of our overall operational performance, our successes and our key challenges.
- **Triangulate** data, information and intelligence across a diverse range of domains including operational activity, financial performance, quality and risk.
- Provide information to compare and contrast the respective position integrated care systems within the Collaborative's footprint.
- Support the Oversight Group (the Collaborative's senior decision-making body) in focusing its attention on the most important matters and making collective decisions.
- Provide comprehensive assurance to the Lead Provider that the Collaborative is discharging its roles and responsibilities effectively.

Planned further developments

Measuring the right things

- Holistic review of what needs to be measured.
- Engaging clinical teams.
- Involving Experts by Experience.
- Aligning all parts of the governance system
 - Strategic aims.
 - Key performance measures.
 - Risk and assurance.
 - Patient experience.
- **Embedding** as part of our routine business
 - Ensuring that it is not an end in itself.
 - Streamlining data collection and reporting systems.
 - Support for timely and effective decision making.



Contact Details

Helen Perkins

Head of Governance, South West Provider Collaborative

helen.perkins@nhs.net

Corporate office

dpt.swpc-corporate@nhs.net

Emma Reeve

Communications and Engagement Lead, South West Provider Collaborative

e.reeve3@nhs.net