



Developing a Framework to Support Best Practice: Quality Performance Indicators

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Key reference documents:

- Keeping records: Guidance for occupational therapists (Fourth edition)
<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/keeping-records>
- RCOT Standards and Ethics
<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics>
- HCPC Standards <https://www.hcpc-uk.org/>
- LCC Recording Guidance <https://www.lascappp.co.uk/recording-guidance/>
- LCC Quality Audits guidance <https://www.lascappp.co.uk/wp->

1. Introduction

"The quality of adult social care matters. People who use services should be able to expect person-centred care that is safe, effective, caring and responsive."¹

This paper sets out a framework that supports all practitioners to provide high quality Occupational Therapy (OT) that matches the aspirations, core values and vision of Lincolnshire County Council².



The paper introduces a suite of key indicators that are informed and underpinned by professional and organisational standards that enable the service to evidence best practice and achieve the transformation objectives as set out: improve the operational efficiency and effectiveness of the OT service.

The approach signals a significant change in how the service provides assurance and oversight – corporately and professionally. The paper outlines how practitioners will be supported through a range of measures – peer support, supervision, self-assessment, audit and details opportunities for discussion on implementation, evaluation and the on-going development of the framework. Most critically the paper places quality and best practice at the centre of the approach.

¹ <https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-use-of-nice-guidance/impact-of-guidance/niceimpact-adult-social-care/using-our-quality-standards-to-improve-adult-social-care>

² <http://george/section.asp?catId=33824>

2. Background

In July 2019 the Adult Care and Community Wellbeing Executive Directorate Leadership Team agreed to a two year transformation programme to improve the operational efficiency and effectiveness of the OT service.

In November 2019 the OT service was formally separated from the wider ASC area team management structure and aligned under the Head of Integration and Transformation as a standalone service function. To support and embed these structural changes independent workflow and processes were established in Mosaic. The service has seen a number of high impact changes between November 2019 and September 2020:

- Established 4 OT teams across the county aligned to the district council boundaries
- Increased staffing across all teams – CCO's OT's Lead Practitioners (LPs) and Principal OT
- Introduced standalone OT Mosaic processes and OT specialist documentation
- Developed a service plan for 20/21 outlining core service priorities and actions to measure impact
- Full redesign of duty intake processes
- Established a structure of working groups and projects to inform and drive change from 'the ground up'
- Encouraging and supporting practitioners to develop areas of special interest
- Developing closer working with strategic partners
- Supporting Community Care Officers (CCOs) through the OT apprenticeship programme
- Increased the number of student educators
- Weekly performance data tracking key time stamps in the OT process
- Developing bespoke performance dashboard
- Mobilised Covid -19 response to include telephone and self-assessment
- Reflection and learning from Covid response to inform BAU

As the service is now coming to the end of the first year in this two year programme a moment of reflection and recalibration is required in order to inform the plans, outputs and expected impact for the next 12 months.

3. Framework for supporting best practice: key performance indicators

One key reflection on the transformation programme to date is the sense that the service needs a more formalised framework to manage performance that evidences and demonstrates impact – both qualitative and quantitative.

NHS Improvement describes performance management as a "formal, regular and rigorous system of data collection and usage to indicate trends and measure the performance of services."³

For the purposes of the OT service transformation, 'data' is seen as being both quantitative and qualitative in nature.

³ <https://improvement.nhs.uk/documents/2141/performance-management.pdf>

The service has already developed a number of key performance reports that explore outputs against a discrete data set and amongst others the service is now reporting on three key indicators to demonstrate and measure impact:

- How many urgent cases are seen quickly (within 28 days);
- How many routine cases are completed within 8 weeks
- Our ability to deal with the exceptional cases that take longer (within 100 days).

Measuring performance against these indicators not only demonstrates progression (time taken) of cases through the OT process but also seeks to align qualitative measures that ensure timely intervention and early resolution of identified needs.

Ensuring we balance measuring quantitative output alongside qualitative impact is critical.

"Improving quality is about making (care) safe, effective, (client)-centred, timely, efficient and equitable."⁴

It is difficult to argue against this statement but surprisingly challenging to embed these principles without structured support and the ability to measure achievement against them.

3.1 The development and refinement of quality focused key performance indicators

We are seeking to compliment rather than replace any professional or organisational structures that already exist to support the delivery of a high quality service. Table 1 below provides further narrative on these:

3.1.1 Table 1: Current Professional and organisational structures

Health and Care Professions Council	<p>The OT service includes a registered (OTs) and non-registered (community care officers (CCOs)) workforce. OT is a regulated profession with a designated title that is protected by law and registered under the Health Care Professions Council (HCPC). In order to practice under the title all OTs sign the register (renewed every 2 years) to confirm that they meet the standards as set by the HCPC for how the profession is regulated.</p> <p>These standards broadly cover:</p> <ul style="list-style-type: none">○ Conduct, performance and ethics○ Proficiency○ Continuing professional development○ Training and education
British Association and Royal College of Occupational Therapists	<p>The British Association and Royal College of Occupational Therapists (RCOT) is the professional body that set the professional and educational standards for the occupational therapy profession. RCOT has a Code of Ethics and Professional Conduct that describes a set of behaviours and values to</p>

⁴ <https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf>

	promote and maintain good and safe professional practice in occupational therapy. It applies to all members, associate members and students and is available for reference by service users, employers, and commissioners. It also includes the College's Code of Continuing Professional Development.
Lincolnshire County Council (LCC)	LCC places quality at the heart of the services it delivers and seeks to measure and drive this through: <ul style="list-style-type: none"> ○ Quality Practice Audits – to check the quality standards of our front line practitioners; ○ Service Reviews – to learn what is working well and what could be improved; ○ Customer experience surveys – to learn and develop services from customers.

The framework formally recognises that RCOT and HCPC standards, alongside LCC requirements, form the benchmark against which we scrutinise practitioner and service performance. Where there is alignment with LCC quality standards we will not seek to duplicate but where we judge that further clarity or nuance is required we will outline the requirement to achieve.

3.2 Proposed key performance indicators

A number of meetings and workshops were held with the OT leadership team to explore how best to inform the development of the indicators and some of the reflections are summarised below:

- Performance is integrally linked to quality
- We will not just count 'green ticks' without considering the quality of our recording
- 'More' does not always mean 'better'
- We have identified areas of practice where practitioners are not adhering to agreed processes – impacting on performance
- We have identified variation in compliance with RCOT and HCPC standards
- We need to address this variation through training, peer support and supervision
- The LCC case work audits do not measure specifically against RCOT standards
- We are committed to improving and refining documentation to enable practitioners to deliver high quality intervention
- We want to encourage professional and personal pride in the work we do

In summary as the service continues to mature we must ensure that we do not prioritise performance (output) over quality. The two are intrinsically linked and as such we need to formalise adherence to our professional and organisational quality standards as well as our commitment to improving the operational efficiency of the service.

Table 2 outlines a suite of indicators that have been developed that aim to supplement professional and organisational standards and provide clarity in terms of timelines, compliance and evidence.

It is important to recognise that these indicators are ambitious and set a high but attainable standard. Where a measure is proposed it is important to appreciate that achievement will not be instantaneous. With all things there will be a journey to achieve the desired outcome. The compliance has been set to accommodate variation where that is needed and appropriate. There is no doubt that in order to achieve the indicators that practitioners may have to adopt new ways of working and manage and structure their time differently. The support for practitioners to do this is outlined in section 4.

Table 2: OT service key performance indicators

Indicator	Measure	Compliance	Evidenced through
Timely record-keeping (RCOT Standard)	All documentation (inc. OT specialist) completed within 24 hours of event	95% Audit	Supervision
Referral to completion of specialist assessments	Assessment completed within 4 weeks of referral (28 days)		50% Performance report
Referral to completion of cases dealt with at duty	Case closed within 4 weeks of referral (28 days)		85% Performance report
Referral to completion of specialist assessment	Assessment completed no longer than 8 weeks from referral		80% Performance report
Referral to completion of specialist assessment – all referrals	Assessment completed within 100 days of referral (14 weeks)		100% Performance report
Adherence to Professional Standards for Occupational Therapy Practice	All records		100% Self-audit Peer review Supervision Clinical audit
Adherence to RCOT standards of record keeping	All records		100% Self-audit Peer review Supervision LCC quality audit
Indicators requiring more development			
Case allocation Average number of new cases per month (pro rata)	TBC TBC		
ASC Occupational Therapy appropriate Outcome measures	TBC TBC TBC		
Customer satisfaction surveys	TBC TBC TBC		
Referral to completion of specialist assessment for priority cases	Assessment completed within 7 days	TBC TBC	

4. Training and support

It is proposed to use a combination of self-assessment and guided support to introduce and embed the indicators.

- **Self-assessment**

RCOT and HCPC require practitioners to embed a series of core principles and standards into their practice. In order to guide practitioners a number of key documents and supportive materials have been made available that enable practitioners to self-assess against the standards and identify areas for further training and development. We have purposefully aligned LCC local requirements to these to produce a comprehensive self-audit tool.

It is proposed that all practitioners build in a continuous cycle of self-audit into their practice by using two key supporting documents:

1. LCC Occupational Therapy guidance checklist for recording. This has been based on 'Keeping records: guidance for occupational therapists' (RCOT 2018) and the checklist written in line with Standard 7 of the Professional standards for occupational therapy practice (COT 2017)
: Appendix 1
2. Professional Standards for Occupational Therapy Practice Audit Form: Appendix 2

- **Case record audits**

LCC already has a continuous programme of practice audit and therefore we will look to amend these to include evidencing the OT quality indicators wherever possible.

- **Peer support**

Regular formal and informal peer support is essential to enable practitioners to learn and reflect and critically challenge practice. The establishment of such networks is seen as a priority and can be easily supported remotely through MS Teams.

- **Supervision**

Supervision is seen as a critical vehicle whereby practitioners can challenge their own practice, receive constructive feedback from their supervisor and together identify training and support needs. Supervision is not an isolated event that only happens once a month – it is continuous and must provide the opportunity for both supervisor and supervisee to explore practice and critically reflect. Supervision will provide a formal opportunity to assess individual performance against the indicators.

- **Staff meetings and Q&A sessions**

LPs will introduce the approach through scheduled team meetings. These will be followed by Q&A sessions hosted by Gareth Everton and Catherine Williams. These sessions will be mixed small groups (made up from OTs and CCOs from all teams) and will enable staff to discuss the indicators, explore individual practitioners' responsibility under the terms of their HCPC registration and align

the RCOT Professional Standards to Mosaic documentation and workflows. These sessions will be facilitated but will be heavily dependent on active practitioner participation and as such will be interactive in nature, enabling staff to debate and explore how they can develop new ways of working and identify learning needs. A series of follow on sessions will be tabled at 4 and 6 months to gather feedback that will inform a formal evaluation in July 2021

5. Summary

This paper sets out the OT services' approach to performance management in its widest sense – incorporating quantitative and qualitative indicators. It provides a framework that enables practitioners to evidence adherence to their professional (RCOT), registrant (HCPC) and organisational standards of practice. It also provides practitioners with opportunities to evidence their continued professional development and competency through reflective peer support, self-assessment and formal supervision. Most importantly it articulates a framework through which the service can evidence that it is providing the best possible care to the citizens of Lincolnshire. The development of these performance indicators and supporting framework is an iterative process and provides a baseline from where further refinement and evaluation can take place.

A monthly report against the suite of indicators will be shared with the service.