

## TOWER HAMLETS GP CARE GROUP (THGPCG) CIC PERFORMANCE MANAGEMENT STRATEGY & FRAMEWORK

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Title	PERFORMANCE MANAGEMENT STRATEGY & FRAMEWORK
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### Approval Record

	<b>Committees / Groups / Individual</b>	<b>Date</b>
Consultation	Ops Group	
Approved by		

## 1. Introduction

THGPCG is responsible for setting the strategic direction of the organisation and has responsibility for monitoring performance against the agreed direction, and for ensuring that corrective action is taken where necessary and is defined in the THGPCG's Annual Operating Plan.

The fundamental purpose of this strategy is to ensure the delivery of the THGPCG's vision and strategic and corporate objectives whilst instilling a culture of continuous improvement to achieve the THGPCG's vision of excellent care to be compliant with relevant contractual agreements.

The performance strategy recognises that performance management is integral to THGPCG achieving its strategic aims and outcomes and needs to be embedded across the organisation. This will enhance the THGPCG's position as the provider of choice for service users, staff and Clinical Commissioning Groups (CCG's).

The strategy will be delivered through the THGPCG's framework for performance management which describes the arrangements and accountabilities that will translate the strategy into a workable process for driving improvement in operational performance. THGPCG will ensure systems and processes are in place to comply with all aspects of external scrutiny and to achieve and exceed performance against internally and externally developed targets and standards.

THGPCG is operating in a challenging environment where targets and standards are set centrally and locally. These targets are set internally, by our Commissioners for health and social care, the Department of Health, the Care Quality Commission, and in the future, Monitor. The requirements are not static and changes are implemented each year, particularly with the move to commissioning on outcomes, rather than inputs as has traditionally been the case.

## 2. THGPCG Vision and Strategic

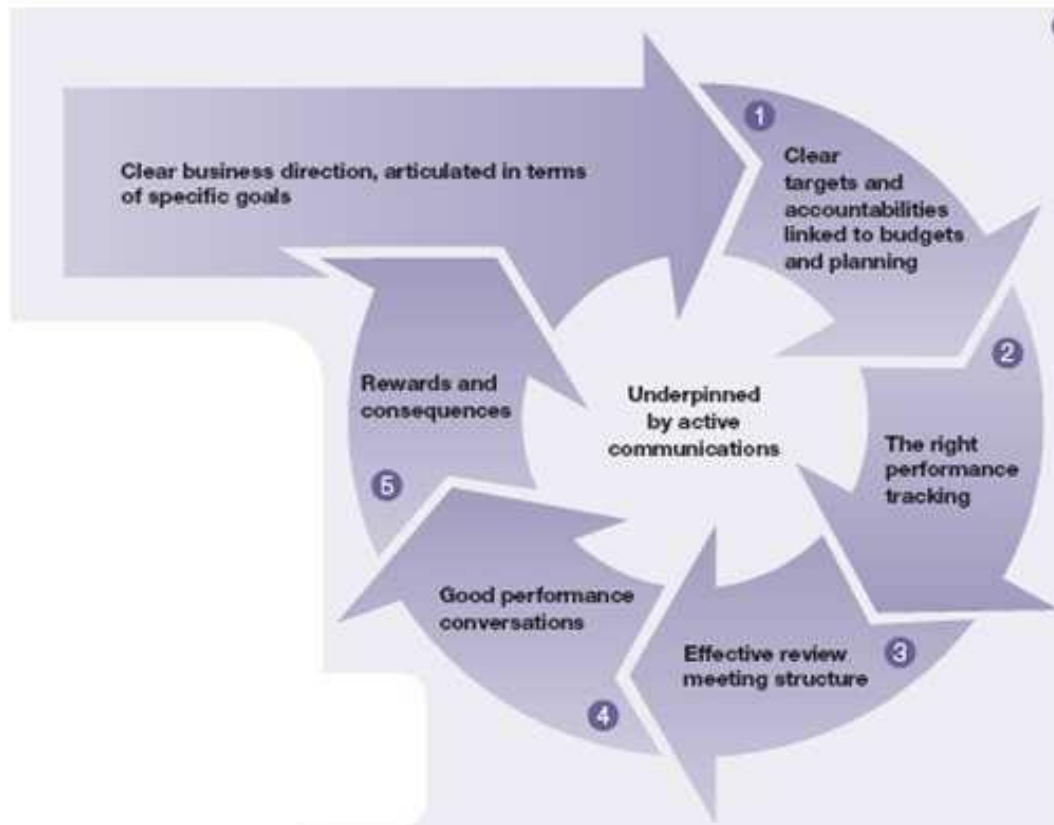
### **THGPCG Vision - "Putting Patients First"**

Quite simply we intend that the interests of our patients and providing the best possible care to them, is at the heart of everything we do. To achieve this we will focus on the following key objectives over the coming years:

- Providing the best clinical outcomes, patient safety and patient experience;
- Delivering consistently high performance in healthcare standards;
- Striving for excellence through people and innovation;
- Improving the health and wellbeing of our community through partnership; Building a sustainable future.

### **3. Performance Management Principles**

Performance management is in line with Monitor guidance and describes performance improvement in five steps:



The general principles which will govern all of our performance management arrangements are as follows:-

- High quality and patient safety is the over-riding goal;
- Transparency of performance metrics and reporting;
- Decisions will be based on high quality, timely and reliable information;
- Information will be shown in trends and include forecasts;
- Clear targets are set reflecting national and local priorities;
- Targets provide a balanced view of performance;
  - Finance, efficiency, quality, patient experience and workforce
- Key performance indicators are established, and subject to continual review;
- Board level targets are broken down to Service Areas, Centre, team and individual targets;
- Focus on delivery with clear lines of accountability;
- Teams own their targets, are empowered to deliver them, and are held accountable for them.
- An open, honest and consistent approach is used for dealing with poor performance;
- An emphasis on learning from mistakes rather than a blame culture;

- Earned autonomy.

#### 4. Scope and Linkage to other Strategies

The scope of this Strategy is to describe the performance management principles and areas for development.

Performance management arrangements are critical to a number of other strategies. These dependencies are noted and the reader is referred to those documents for more detailed descriptions of the THGPCG 's arrangements in these areas:

**Table 1 – Supporting Strategies**

Strategy / Policy	Relationship to this document
Performance Management Framework	Under development to supplement this Strategy. Describes the systematic approach to performance management within the THGPCG
Board Assurance Framework	Enables the Board to identify risks to the THGPCG 's strategic objectives.
IT Strategy	The five year IT Strategy has been developed to support service development strategies and corporate plans. It focuses on the use of technology as: intrinsic to improving the quality of care we provide to our patients; fundamental to creating a more agile approach to working for our staff; a catalyst for better communication and engagement between partners involved in delivering care.
Data Quality Policy	Under review to supplement this Strategy. Describes the systematic approach to data quality across the THGPCG .
Risk Management Strategy	Sets out how risks will be identified and mitigated. and in relation to performance the importance of: <ul style="list-style-type: none"> <li>- Consolidating gaps in performance attainment within the THGPCG Risk register and monitor accordingly</li> <li>- Identifying risks to the delivery of the Performance strategy and</li> <li>- incorporate within the risk register</li> <li>- Incorporating an analysis of performance risks that are deemed to have a strategic impact within the Board Assurance Framework and</li> <li>- Integrated Performance report</li> </ul>
Quality Improvement Strategy	This Strategy sets the context, framework and direction for the delivery of clinical and social care services across the THGPCG . The strategy sets out the THGPCG s vision and programmes for quality improvement and how these will be measured.

<p>Integrated Business Plan (draft)</p>	<p>The Integrated Business Plan supports the THGPCG Foundation THGPCG application. It describes the way in which the THGPCG will develop and deliver services in the future. This plan is supported by detailed financial, activity and workforce projections and has been developed in conjunction with a new model of integrated governance – the way in which the THGPCG ensures that it is delivering services effectively and safely.</p>
<p>Annual Operating Plan 2013/14</p>	<p>The Annual Operating Plan describes the implementation of the THGPCG 's IBP and how the THGPCG will respond to THGPCG direction, Objectives, Commissioning intentions, Clinical and Service Strategies to the THGPCG Development Authority.</p>
<p>Annual Planning Cycle</p>	<p>This describes the corporate timetable and business process to deliver on the Monitor Compliance Framework. From April 2014 the THGPCG will also have to comply with Monitor License conditions but currently the THGPCG reports to the THGPCG Development Authority.</p>
<p>Annual Capital Plan</p>	<p>This sets out the process for all major capital projects and investments undertaken by the THGPCG in its capacity, in particular those relevant to the Finance Committee.</p>

## 5. Agreeing Targets

Where national targets exist, from the Department of Health, Care Quality Commission or and/or Monitor, these are to be adopted by the THGPCG. As part of the annual business planning cycle, the THGPCG Board will decide whether to set itself more stretching targets to deliver improved value for money, quality or added value to commissioners and patients. The THGPCG Board will also review any known national targets due to come into force going forward, and include these where appropriate.

In addition to national targets, the THGPCG will agree contractual measures with its commissioners which will feature in the performance management framework.

The THGPCG Board will review its strategic objectives on an annual basis and ensure that targets are agreed that will result in the successful delivery of those objectives.

Targets will be measurable and subject to a traffic light (RAG) rating. Reports will be produced to demonstrate and drive the improvement of performance down to THGPCG, Service Areas, team and individual level to ensure all areas of the organisation are working to common goals.

Performance Improvement can also be described in Five Steps (see section 3)

## **6. Information Management and Data Quality**

Effective performance management requires accurate, relevant and timely information. Where there is poor quality of data, the usefulness of performance information is reduced and the credibility of the performance process undermined.

THGPCG is committed to adopting a culture where information is used proactively to assist the management and improvement of services rather than narrowly monitoring compliance with predetermined performance targets.

THGPCG is committed to using information in order to improve services as well as monitoring performance. Benchmarking will be used to enable performance to be compared both within the THGPCG and with other organisations.

THGPCG will develop its forecasting capabilities in order that it can report performance against future trajectories, as well as year to date, in order to understand where services may deviate from plan later in the year.

## **7. Service Line Reporting**

THGPCG will continue to develop Service Line Reporting, in order that financial, efficiency and productivity information is readily available for clinicians and managers.

Through patient level costing (PLC) reports, managers will be enabled to understand all aspects of their service's performance, such as productivity of staff members and teams, caseload, bed usage, waiting time, staffing levels, DNA rates, sickness absence levels and financial performance. PLC's will deliver the cost of the information by patient which will be consolidated into a cluster cost to enable comparison to standard cost and volumes. It will also enable the THGPCG to identify the most profitable services that should be developed.

## **8. Benchmarking**

The THGPCG is committed to using information in order to improve services as well as monitoring performance. Benchmarking will be used to enable performance to be compared both within the THGPCG and with other organisations. Benchmarking will be undertaken systematically to look at the following areas:

- Patient experience;
- Quality and safety;
- Efficiency and productivity;
- Effectiveness;
- Workforce;
- Cost and price.

## **9. Conclusion**

In order to ensure sustainability and to succeed in the current market it is essential that THGPCG can demonstrate and understand its performance in service delivery, governance, finance, workforce and business development.

The Performance Strategy and associated Performance Management Framework clearly articulates the expectations to all staff within THGPCG that performance measurement, monitoring and management is essential for its future and should underpin all that the organisation does.

## **PERFORMANCE MANAGEMENT FRAMEWORK**

### **1. Introduction**

The Performance Management Framework (PMF) will support the delivery of the Performance Strategy and strengthen THGPCG's performance management process. It aims to foster a culture of responsibility and accountability involving everyone at all levels in the organisation. Members of staff need to know what is expected of them and what part they play in the success of the THGPCG. The PMF specifies the structure systems and processes required to embed a performance management culture in the organisation and identifies the responsibilities at all levels for performance management. It will also support the delivery of the organisation's strategic objectives, including the delivery of the quality programmes, as well as local and national targets.

The PMF is as much concerned with encouraging good performance as managing poor performance. Effective performance management is about being positive and helping people excel at what they do best, as well as identifying, managing & remedying poor performance.

Performance management is integral to the THGPCG achieving its strategic aims and outcomes, and needs to be embedded across the organisation. This will enhance the organisation's position as the provider of choice for service users, staff and Clinical Commissioning Groups. The development of a performance management framework will strengthen THGPCG's performance management processes and will aim to foster a culture of responsibility and accountability involving everyone at all levels in the organisation. Members of staff need to know what is expected of them and what part they play in the organisation's success.

The THGPCG's Vision and Strategic Objectives are:-

- Providing the best clinical outcomes, patient safety and patient experience;
- Delivering consistently high performance in healthcare standards;
- Striving for excellence through people and innovation;
- Improving the health and wellbeing of our community through partnership; Building a sustainable future.

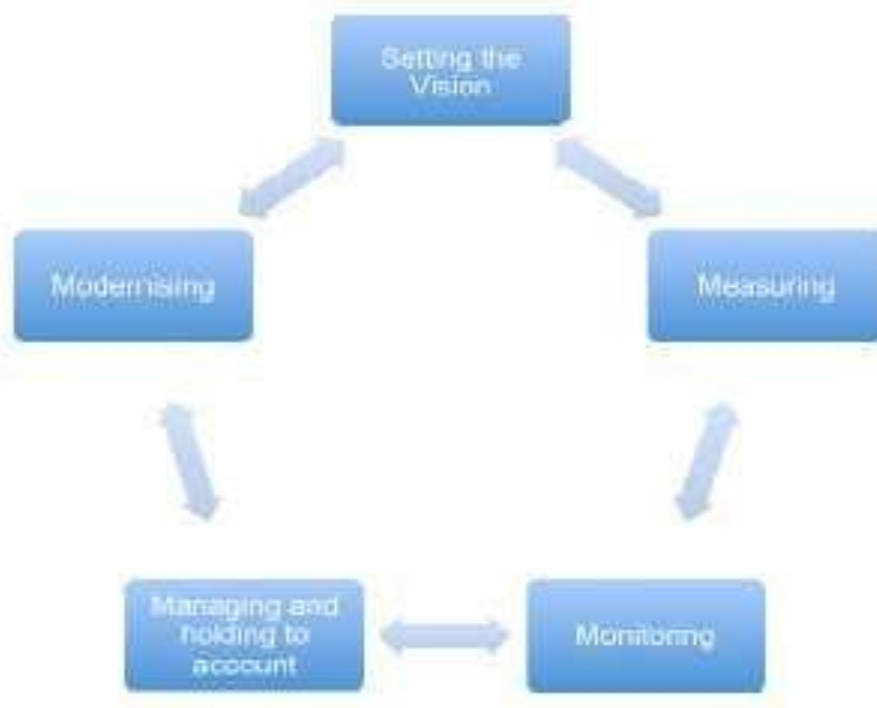
It is important that the performance management framework helps to deliver this vision and strategic objectives, none of which can be delivered in isolation.



## 2. What is Performance Management?

Performance management is about setting clear priorities, establishing proper measures, agreeing specific actions that are required, implementing them and then reviewing the outcome on a regular basis.

### *Illustration 1 - Performance Management Cycle*



It is the process of evaluation against specific objectives, standards or historical data enabling a sound judgement to be made on the relative position or progress of THGPCG priorities, services and objectives.

It is important that the performance management system is integrated with the priorities, business objectives, functions and values of THGPCG and provides timely, accurate and complete information with a strong focus on effective planning and development.



**The key objectives of performance management for THGPCG are to:**

- Provide clear lines of responsibility and accountability;
- Provide assurance against the achievement of strategic and operational business objectives;
- Facilitate the Senior Management Team's (SMT) role of ensuring progress and identifying corrective action;
- Inform priorities for management action, developments and funding, and any necessary escalation;
- Provide regular comprehensive reporting that is accurate and timely; Embed strong risk management;
- Improve performance linked to benchmarking or peer comparison;
- Provide input for the appraisal, personal and professional development process concerning training and skill development.

**3. What is the Focus?**

Performance management focuses on:

- Quality and safety of patient care; National and local standards and targets; Financial objectives;
- Business objectives; Organisational objectives;
- Service delivery linked to health need; Clinical governance;
- Cost effectiveness of services;
- Individual's performance.

In order for THGPCG to be a high performing organisation, we will need to:

- Establish clear performance goals and objectives agreed with THGPCG values;
- Set measurements to monitor performance against standards, targets (both national and local) and places, and identify mechanisms for setting these measurements; Motivate and engage individual members of staff so that they understand what is expected of them, what part they play in the overall success of the THGPCG , and provide support to help staff excel;
- Encourage individuals and expect them to take responsibility for the continuous improvement of business processes and services, and of their own skills, behaviour and contributions;
- Focus on short, medium and long term planning, defining expectations, setting priorities and allocating resources to deliver plans;
- Ensure that performance management, setting priorities and allocating resources to deliver plans;
- Ensure that performance management is a continuous process embedded in all aspects of organisational activity, including the business planning cycle;
- Ensure that there are clear accountability arrangements in place for the achievement of targets, standards and objectives;

- Have in place comprehensive reporting requirements, which include varying granularity of information appropriate to the audience, clear reporting timescales, and a consistent reporting format; which will include the use of red/amber/green (RAG) rated status; Provide information and reports to support performance management in a timely manner and adhere to the widely published principles of data quality;
- Development of procedures for dealing with adverse variances or performance at an operational and individual level which should link to the organisation's policies and procedures for dealing with such events as well as being aligned to THGPCG's risk management processes;
- Review the appropriateness of metrics and measures on a regular basis, reflecting the pace of change within the organisation.

#### **4. Achieving a Culture of Performance**

Achieving a performance culture will only occur when managing performance becomes an integral part of the organisational environment and is acknowledged as a positive, not punitive, activity.

The Government's Improvement and Development Agency (IDEA) has highlighted ten steps to developing an effective performance management culture, and these have been translated to be effective within THGPCG. They are set out below.

- **Show Commitment from the Top**

The THGPCG Board and the Senior Management Team [SMT] are committed to a high performing performance culture, and are responsible for ensuring that the performance management framework is operated throughout the organisation at all levels.

- **Develop Business Plans**

Business planning must take account of what can realistically be delivered given available resources and consider Human Resources (HR) implications. Once corporate objectives and plans have been established, they need to be translated into service area, team and individual performance plans.

- **Establish What Good Performance Looks Like and How it Can be Measured**

Good performance is evident when THGPCG staff are embodying THGPCG Values and meeting THGPCG's objective performance indicators. All performance indicators and other criteria used to measure performance must be clearly communicated to staff. The focus should be on measuring what matters and keeping the number of measures to a minimum so that they have a high level of visibility.

- **Monitor and Evaluate**

Systems are in place to ensure that performance, and its effect on service delivery, can be monitored and evaluated throughout the year. This will include the monthly Operational Performance Group meetings as well as THGPCG and other sub-committees. The terms of reference for the Operational Performance Group meeting are enclosed as **Appendix 1**.

- **Agree Specific Performance Objectives**

THGPCG objectives and priorities must be translated into service area, team and individual performance objectives, by using a combined performance appraisal and staff development process linked to the THGPCG objectives. Individual plans and objectives are most effective when both the manager and employee agree them. Objectives, whether organisational, departmental or individual should be SMART:

Specific, Measurable, Agreed, Realistic and Time bound.

- **Develop an Internal Communication System**

Effective messages target the intended audience in a range of ways. There are a number of ways in which staff can be kept up-to-date with key performance issues. For example: ad hoc emails, monthly staff briefings, updates on the intranet, performance meetings and feedback to management and clinical teams as well as through management supervisions and team business meetings.

In addition, regular surveys and suggestion schemes are important ways of ensuring that employees have the opportunity to feedback on a wide range of issues that impact on organisational performance.

- **Ensure that Performance Framework Systems are in Place, Well Understood and Working Effectively**

The management and clinical supervision and performance review/appraisal systems are used to set objectives, identify support needs and measure progress against objectives. For these to work effectively, they must be clearly understood by both managers and employees. This requires that:

- Managers have access to guidance and training to ensure they manage performance effectively throughout the year;
    - All employees have the necessary support, guidance and training to actively engage in the performance appraisal process.

- **Support Employees to Succeed**

Effective induction processes for new employees are extremely important in setting the right expectations of performance for both the employee and the manager. Personal development plans (PDP's), resulting from the appraisal and performance review process, should explain how development needs will be met.

- **Encourage Performance Improvement**

Occasionally, performance does not meet the required standard. At an organisational level, this should be addressed by identifying what the barriers are to effective performance and putting in place a plan to deliver improvement, whilst

recognising any risks associated with not reaching the required standard.

The principle is the same at both the team and individual level: there are clear policies and procedures available for dealing with inadequate performance.

- **Recognise and Reward Good Performance**

Good performance needs to be recognised and, where appropriate, rewarded. Recognising performance is also about sharing success stories and knowledge across the THGPCG and highlighting how good performance helps the organisation as a whole.

## **5. Workforce Performance Management**

Over and above this, to support this PMF, it is essential that, at the heart of its workforce strategies, there is a simple but robust workforce framework for managing the performance of all THGPCG employees.

The THGPCG is committed to developing a workforce framework with supporting policies and processes that links the THGPCG's business plans and targets to the reasonable expectations of individual employee performance.

The core driver for all THGPCG employee performance is the organisation-wide business plan and its workforce performance framework relies ultimately on there being connections between the priorities in the business plan and the day-to-day activity of each employee.

As a minimum, these links will be enabled through core elements comprising:

- Robust recruitment processes;
- Induction for newly appointed employees; Probationary periods;
- Regular (usually 6 weekly) supervision for all employees;

The Board will receive a monthly integrated performance report detailing patient quality and safety, finance, activity and workforce information. Risks to achievement of key performance indicators will be identified and actions to mitigate the risks discussed.

### **6.2 Chief Executive officer**

The Chief Executive, on behalf of the Board, is accountable for ensuring that the requirements of the Performance Management Strategy are appropriate and meet the needs of the organisation and its strategic objectives.

### **6.3 Executive Directors**

Each Executive Director is responsible for ensuring that annual objective setting, periodic individual performance review processes and personal development planning are timely and effective within their sphere of responsibility.

Responsibilities include ensuring:

- That the Performance Management Strategy is implemented within their own sphere of responsibility;
- That managers and staff co-operate in applying the strategy throughout their Service Areas, Teams or Department;
- That steps are taken to secure resources for the implementation of associated controls following risk assessment;
- That targets for key performance indicators are agreed, communicated and delivered; that governance arrangements to underpin the Performance Management Strategy are approved and in place.

#### **6.4 Service Areas**

Each Service area has a responsibility to act upon the data quality reports produced by the Information Team. Each Service area will have its own Board and Integrated Performance Report, which reflects the content of the integrated Board Performance Report and has the Service area's own Key Performance Indicators within it.

The individuals within the Service areas are accountable to the Chief Executive Officer who is accountable to the Board for performance.

### **7. Responsibilities of Each Level of Staff in Respect of Performance Management**

The responsibilities of each level of staff in respect of performance management are listed below:

#### **Individual Staff Member**

- To be committed to deliver excellent service performance
- To record all information whether service user, finance, clinical governance or HR related in an accurate, complete and timely manner;
- To review the data completed and highlight to their manager any difference, gaps or trends within the information;
- To take corrective action where required in order to achieve performance levels required.

#### **Service Managers / Deputy Business Managers / Clinical Leads**

- To ensure all staff understand the importance of data collection and analysis and its role within the organisation, and to support staff in this task, and role model the behaviours required themselves;
- To acknowledge and reward excellent performance;
- To ensure that accurate data is input to the Information, HR, Finance and Governance systems within the allocated timescales, either daily or weekly;
- To scrutinise the information to understand variances, trends, discrepancies and gaps; To identify the root cause of variances, trends, discrepancies or gaps and act upon this to eliminate continued performance issues;
- To escalate with supporting evidence to the appropriate Manager issues that cannot be resolved locally;
- To analyse the data and establish priorities for service development or business opportunities, escalating to the appropriate Manager to enable the

area to be highlighted as a potential service modernisation project, or an opportunity to the organisation;

- To ensure that their performance report is populated, reviewed and acted upon on a daily/weekly basis;
- To ensure the performance report is scrutinised and action plans for improvement are set on a daily/weekly or monthly basis;
- To ensure that performance reports are part of a set agenda for team meetings;
- To monitor compliance of action plans for underperforming services.

### **Business Managers / Clinical Directors**

- To ensure services (teams and wards within remit) perform to the required standards/targets and maximise their potential;
- To acknowledge and reward excellent performance;
- To analyse service performance on a minimum weekly basis, establishing variances, trends, discrepancies or gaps;
- To scrutinise the root cause of variances, trends, discrepancies or gaps and act upon this to eliminate continued issues;
- To scrutinise service performance in detail at a monthly meetings with managers to establish areas for performance improvement and service development;
- To identify underperformance and establish and monitor action plans to recover the situation.

### **Assistant Chief Operating Officers / Group Medical Directors**

- To ensure the Group performs to the required standards/targets and maximises its potential and beyond;
- To analyse the Group's performance on a minimum weekly basis;
- To scrutinise the root cause of performance issues and act upon this to eliminate continued issues;
- To scrutinise the Group's performance in detail at a monthly meeting with the Centre teams to identify underperformance and establish and monitor action plans to recover the situation;
- To encourage, acknowledge and reward excellent performance;
- To escalate to the Executive Management team areas of significant risk or opportunity;
- To ensure that the process for performance assurance is set out in a Service plan, including a framework to monitor operational and financial performance.

### **Senior Management Team**

The Senior Management Team is responsible for the overall performance of organisation against the designated performance indicators, work streams and contracts.

They will therefore:



- Ensure the metrics incorporate all appropriate performance information including current requirements and data that will assist future business development opportunities;
- Ensure a continuous improvement culture is embedded within the organisation; Scrutinise key performance information on a weekly basis, and formally on a monthly basis at corporate performance and risk review meetings and operational performance management meetings;
- Review and evaluate the effectiveness of the performance framework;
- Collectively ensure all risk areas are brought up to the required standards by internal challenge and facilitation, and that robust action plans are in place to rectify poor performance;
- Be held accountable for the implementation of the action plans within each Service Area;
- Investigate business opportunities and developments that are escalated by the Service Area's as a result of performance analysis;
- Provide assurance to THGPCG Board of the organisations overall performance; Publicly acknowledge and congratulate areas of good performance;
- Consider the impact on performance before introducing additional work streams or objectives in year, or requesting additional information from the Service Areas which are beyond those identified in the annual objectives and business planning cycle.

### **Corporate Teams**

The generation, interpretation and presentation of performance indicators and activity information are fundamental to the delivery of the Performance Management Framework. Support will be provided by the corporate teams as follows:

- The Information Team, will provide the majority of the Organisation's activity and performance data and has specific responsibility for compiling the statutory returns and performance assessments required by an internal or external body. Responsibilities for data quality are built into the job descriptions of relevant members of the team;
- The Finance Team will ensure that management accounts, service line reports and contract income reports are provided to the individual Service Areas and the organisation;
- The Human Resources Team will ensure that the appropriate workforce information is available;
- The Contracts & Performance Team will ensure that the Service Areas understand the current challenges and performance required against key national standards;
- The Governance and Assurance team will ensure that appropriate risk information is provided, and work with the business units, their risk management and assurance framework and any key quality standards;
- The Quality Team & Safety Team will work with Business Units on quality and patient experience issues;
- The Communications Team will ensure that the Service Areas are aware of key performance and risks in relation to communications and engagement;



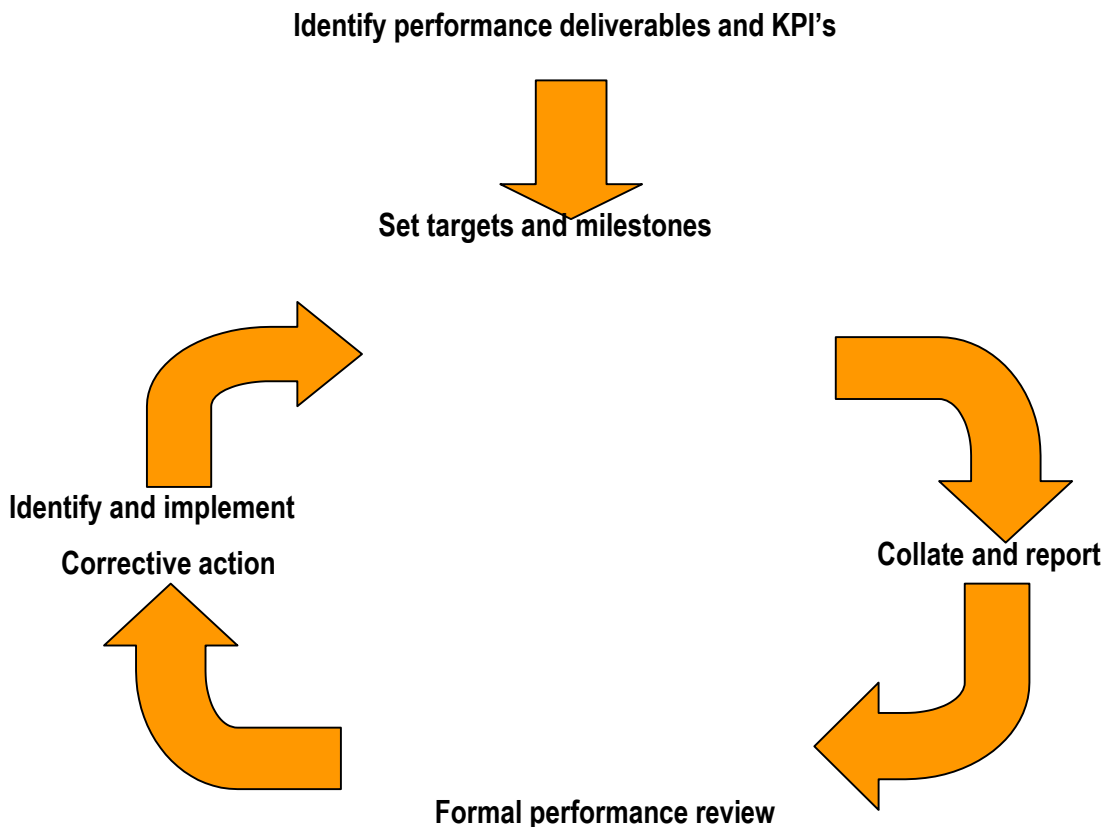
- The above teams will work to ensure the appropriate level of information provision to the Board and the Service Areas. As previously stated, a close working relationship will be fostered with the Service Areas by a named contact from within the Senior Management team acting as the link worker to each Service Area.

**THGPCG Board**

The Board are to be assured that the organisation is delivering its clinical services and corporate responsibilities to the required level, in terms of integrated governance, performance standards or activity levels. The THGPCG Board therefore scrutinises the performance information questioning data discrepancies, variances and trends and holding the Senior Management Team to account for rectifying any risk areas.

**8. Integrated Governance Framework**

The diagram below illustrates how the performance management framework will work in practice and illustrates the feedback mechanism.



THGPCG has implemented an integrated governance approach, which provides a clear structure for staff at all levels within the organisation to report, measure, review and act upon performance information.

## **9. Systematic Approach to Performance Management**

THGPCG has adopted a systematic approach to performance management within the organisation. The metrics used to support performance management detail workforce, finance, quality, performance (service delivery), business and clinical and corporate governance.

Critically these areas of measurement will be the responsibility of individuals throughout the organisation, and not just the functional head responsible for that function.

## **10. Reporting Arrangements**

The monthly Performance Report will assist the Board in its assessment of achievement of the corporate objectives and key targets. The report will include a number of metrics that provide the Board with 'at a glance' RAG rated positions against key performance indicators, including the quality and service performance targets contained within Monitor's Compliance Framework as well as Finance and Workforce targets. The report will also take account of the the development of Commissioner Quality Performance Indicators.

This report will provide a high degree of assurance to the Board of performance against key objectives.

The Assurance Framework has been established to enable the Board to oversee the THGPCG's success in the achievement of its main objectives. This framework brings together principal objectives, significant risks against the achievement of the objectives, control measures by which risks are managed, Key Performance Indicators to measure progress, and assurances that the Board receives from both internal and external sources.

### **Quality & Safety Committee, Clinical Governance, Audit Committee**

- The above committees corporate meeting forums are responsible for providing information and assurances to the THGPCG Board that it is safely managing all issues relating to integrated governance (clinical and non-clinical governance).

### **Operational Performance Group Meetings**

- The use of an integrated approach to quality and performance will help to ensure that a performance culture is implemented in the THGPCG. An Operational Performance Group meeting Chaired by the Chief Executive Officer will be held monthly and has responsibility for formally monitoring and managing all KPI's related to operational performance and ensuring that plans are put in place to take any necessary corrective actions.

- These meetings will continually review and challenged services areas progress with an opportunity for Groups and Centres to share issues of concern. Each Group Director/Manager is required to provide a key highlight report and a review of the key performance issues in relation to their objectives, CIP, Finance, HR & Workforce, Quality, Performance, Risk and contractual requirements as well as overall service delivery.
- These meetings enable robust performance conversations focusing on solutions, agreeing where recovery plans are required and any additional resource or support required. The Operational Performance Group will ensure that the provision of information to the Board of Directors is of appropriate detail and will highlight key risks to the Board by exception in the Integrated Performance Report. The Terms of Reference are enclosed as Appendix 1.

### **Service Areas Performance Meetings**

- All Service Areas are expected to conduct regular reviews for all areas within their sphere of responsibility and that Service Area/Business Managers regularly meet with their direct reports in a forum, which provides both the opportunity for performance management, and escalation of key issues.
- It is the responsibility of the Managers to hold their staff to account for performance within their areas of responsibility, promoting a performance culture and individual responsibility.
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### **Team Reviews**

- Line Managers are expected to undertake regular reviews of performance as part of team or specialty reviews, ensuring that performance reports are reviewed and areas of poor performance acted upon and addressed.

### **Appraisal and Personal Development Plan (PDP)**

- Individual performance reviews are to be undertaken through regular supervision meetings and annual appraisal/individual performance reviews. Individual level objective setting and the monitoring of objectives is also a key component of this framework.
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## **11. Improving Performance and Sharing Best Practice**

Service improvement, will underpin all discussions and activity within THGPCG. If the organisation is to be 'fit for purpose', achieve exist successfully and viably within health and social care market it must continually strive to improve all aspects of performance, whether it be customer service, quality, infection control or access targets.

The identification and sharing of best practice information across Service Areas, and teams will support the continuous improvements to services. As set out above, all Managers are responsible for the identification and sharing of good practice. Individual members of staff have a responsibility to listen and act upon this information and advice.

## **12. Rewarding Good Performance**

Where a manager has delivered and sustained good performance, then the THGPCG may recognise this in a number of ways:

- Praise to be provided by their line manager; Congratulations from their Director;
- A letter from THGPCG Board;

### **13. Rectifying Poor Performance**

Where performance reporting identifies:

- A failure to meet a current target;
- The risk of not meeting current or future national targets
- The risk of failing to put in place effective arrangements for the purpose of monitoring and improving the quality of healthcare provided;
- An area of failing performance masked by an overall compliant position. If this target is not included in the IPR, then the Board will be informed immediately through an exception report, then the Board will be notified through the Integrated Performance Report.

The exception report will include an action plan, with operational leads and completion times. This action plan will be monitored through the Operational Performance Group meeting with responsibility for delivering the action plan sitting with the relevant Manager reporting to an identified Director.

Where the action plan is either not sufficiently robust, or performance does not improve as a result, then the THGPCG may take the following measures:

- Provide targeted support;
- Intervention from a Director to remove significant obstacles;
- Benchmarking service against successful comparator services, and identifies improvement opportunities;
- Use of Capability Policy to address individual performance issues; Parachuting a new manager or staff into the service.

Where all of the above measures have been taken, and performance of a service continues to be poor, and sustainability is in question then THGPCG Board will ultimately have to decide whether to continue providing the service, or whether to give notice to commissioners to cease provision.

### **14. Key Outcomes Expected From the Delivery of the Performance Strategy**

- All staff employed by THGPCG will have a clear understanding of the Performance Management Framework and will believe that achieving good performance is important;
- The Board will play a key role in monitoring and managing performance;
- All employees will have a demonstrable appreciation as to how their work contributes towards the delivery of all priorities;
- Integrated performance management frameworks will be in place at corporate and departmental level;
- There will be integrated and timely reporting with high quality commentary for performance reviews;

- Data quality will be taken seriously with good arrangements in place at all levels; Acceptable external audit reports;
- Assurance;
- Consistency in our approach to managing performance issues.

## **15. Summary**

The Performance Management Framework will support THGPCG in achieving its vision and provide the Board with assurance against major work programmes, business objectives and key national and local targets. The PMF sets out a robust process for reviewing performance at Board level and Executive level and a process for early identification and escalation of performance issues in Service Areas and teams.

It is therefore incumbent upon all staff members to contribute to the measurement of performance, whether this is on an individual service user care pathway or at a strategic level.

However, performance management is a dynamic process which needs to be actively managed to be effective. The framework will require proactive management and development if it is to grow in value to the THGPCG.

## **16. Review and Updating of the Strategy and Performance Management Framework**

The Performance Management Strategy will be reviewed on an annual basis by the Chief Executive Officer and any changes will be submitted to the relevant forum for endorsement, prior to ratification by THGPCG Board.

## Appendix 1

### Terms of Reference

#### Operational Performance Group

##### 1. Constitution

The Operational Performance Group exists to allow appropriate scrutiny and review to a level of depth and detail in respect of THGPCG performance relating to Quality (patient safety, experience and outcomes) financial planning and monitoring Activity and productivity including operational, efficiency and effectiveness Workforce.

##### 2. Membership

Role	Member	Nominated Deputy
Chief Executive Officer Chair)		
Senior Finance Representative (Deputy Chair)		
Communications Representative		
Nurse Representative		
Senior Workforce Representative		
Service Area Clinical Lead		
Network Managers		
Head of Contracts		
Head of Information		
Head of Business Planning		
Other staff may be invited to discuss specific issues.		

##### 3. Quorum

For the meeting to be quorate, the presence of at least six members or their nominated deputy is required.

##### 4. Attendance

Members may nominate suitable deputies to represent them. Deputies must attend when required. It is expected that a member or their

nominated deputy will attend for a minimum of 75% of meetings in a year, which will be monitored by an attendance matrix.

## **5. Frequency**

The Operational Performance Group will meet monthly.

## **6. Authority**

The committee is authorised to investigate any activity within its Terms of Reference.

## **7. Duties**

### **Financial:**

- Undertaking detailed scrutiny of the Service Areas monthly, quarterly, and year-to-date performance and forecast outturn, including performance against the cost improvement programme;
- To consider explanations of significant variances/deviations from budgets by the Service Areas and to consider and authorise proposals for remedial action.

### **Contractual:**

- Review activity performance and associated income issues
- To consider explanations of significant variances/deviations from plan by the Service Areas and to consider and authorise proposals for remedial action.

### **Strategic and Business Planning**

- To monitor performance compared with the Service Areas annual business plan
- To retrospectively review business cases for benefits realisation. To consider draft business cases

### **Operational Performance Standards and Quality**

- To provide assurance that appropriate management systems are in place to ensure successful delivery of all targets.
- Review, scrutiny and challenge of the Service Areas' and Centres' performance dashboards.
- Review, scrutiny and challenge of clinical action plans to address failing targets and/or poor performance.
- Receive and review of Bank/Agency spend and establishment positions
- Review of benchmarking/value for money reviews and other ad hoc reports
- To consider performance against all national and local operational performance standards:

### **Workforce**

- To monitor performance against national and local workforce metrics

## **8. Reporting from the meeting**



The outputs from the meeting contribute to the recently integrated performance report and subsequent discussions at THGPCG Board.

**9. Reporting to the meeting**

Monitoring performance meetings held by each of the Service Areas

**10. Terms of Reference approved –**

**11. Date for review of Terms of Reference**