| Shetland NHS Board | Shetland Islands Council |
|---|---|

# Performance Management Framework

# 2019- 2024

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## References:

Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020
http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19165

National Performance Framework
https://nationalperformance.gov.scot/

Shetland Partnership Plan 2018- 2028
https://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

Kings Fund: Measuring the performance of local health systems: A review for the Department of Health
https://www.kingsfund.org.uk/publications/measuring-performance-local-health-systems

Canterbury (New Zealand) Health System Outcomes Framework
http://ccn.health.nz/Resources/OutcomesFramework.aspx

**Developing a Performance Management Framework**

This Framework has been developed jointly by Shetland Islands Council and NHS Shetland, under the principle of developing policies on a 'Once for Shetland' basis.

Setting out clearly how services are performing is an integral part of our contract with the population that we serve.   We need to communicate clearly what we are aiming to achieve, and why.

This policy document builds on the "Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020"[1] which was approved in April 2016.
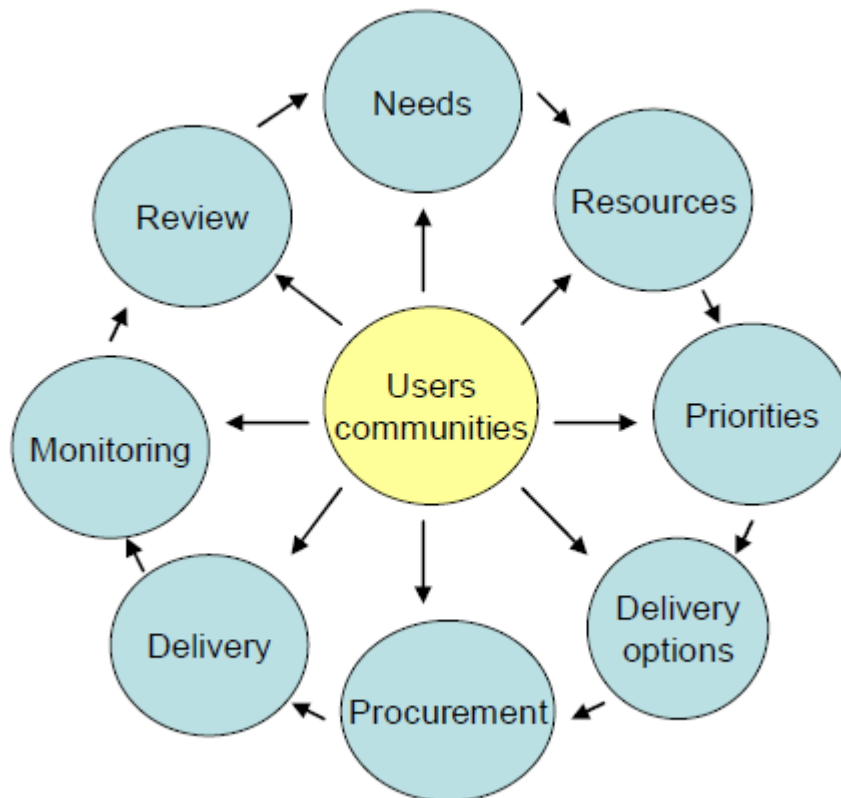
**The Commissioning Cycle**

The Performance Management Framework is part of the Procurement and Commissioning process.

An essential part of commissioning and procurement is the requirement to continually monitor results and assess local needs. This ensures that services are prioritised, designed and delivered to meet those most in need, and in line with local and national strategies.

The commissioning cycle ensures that services are needs based, address local priorities and that change is implemented as and when required. Outcomes must be closely monitored and evaluated, and information gained from service users, stakeholders and the local community on an ongoing basis.

The following diagram illustrates the commissioning cycle:

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[1] http://www.shetland.gov.uk/coins/submissiondocuments.asp?submissionid=19165

The commissioning process seeks to ensure that we use all the resources at our disposal (staff, assets, information, etc) to best meet people's outcomes.

The process has five key stages:

- 	assessing and forecasting needs
- 	linking investment to agreed outcomes
- 	considering options
- 	planning the nature, range and quality of future services
- 	working in partnership to put these in place

as shown in the diagram below.
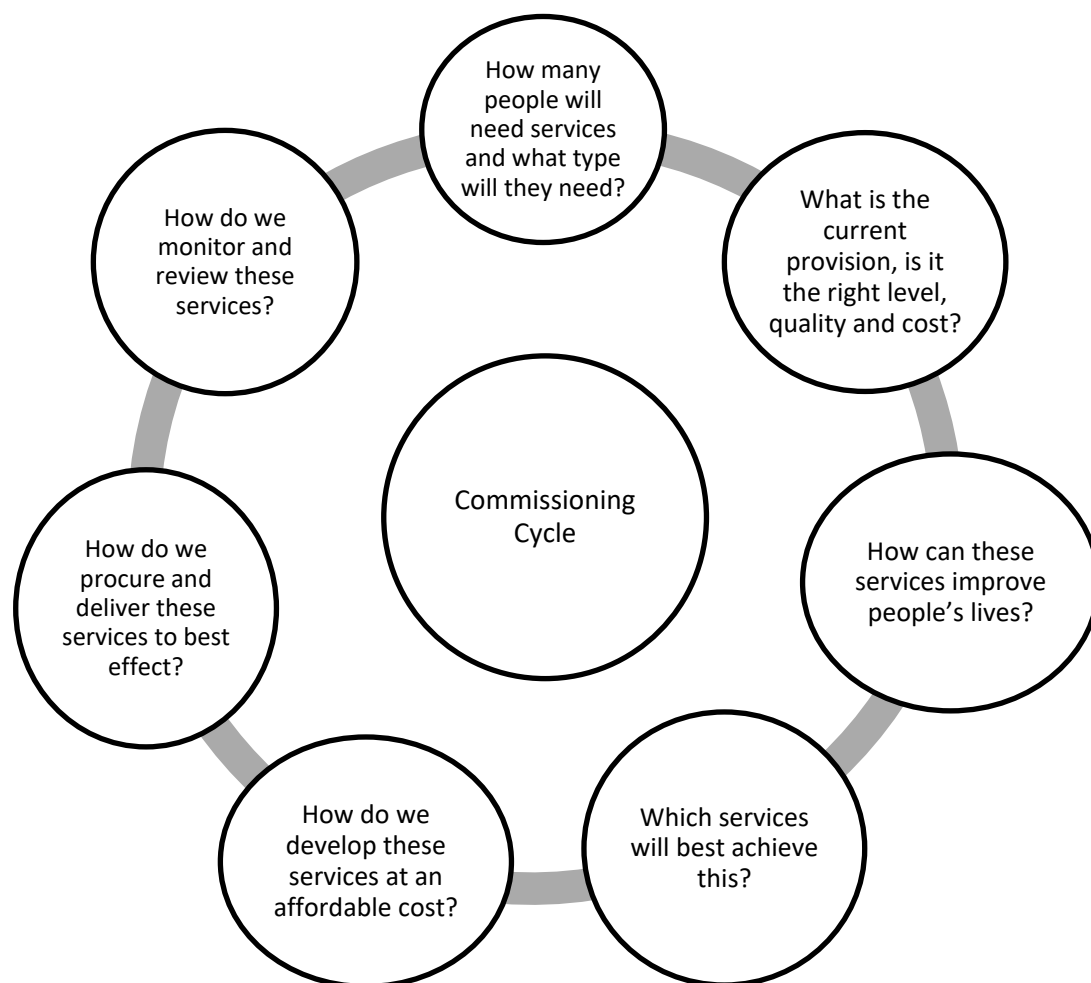
The Planning and Performance Framework puts in place the management information to answer the questions posed by the commissioning cycle.  It helps decisions to be evidence based, and supports a culture of continuous improvement.

The overall objective is to commission services to meet outcomes so it is essential that performance data is available to demonstrate that those outcomes are being achieved.

A detailed diagram of the Commissioning Process for Health and Care Services is included at Appendix 1.

**Purpose**

The purpose of Performance Management is to deliver better quality services for the people of Shetland.   The Performance Management Framework sets out how NHS Shetland and Shetland Islands Council will achieve that.

The performance management arrangements will demonstrate how each organisation is:

- meeting its corporate objectives;
- meeting, or working towards meeting, government targets;
- achieving planned outcomes;
- making sure services are performing as expected;
- able to identify areas for improvement;
- helping staff to see how they contribute to strategic objectives;
- managing corporate risks, within a controlled environment;
- listening to feedback from service users, stakeholders and partners; and
- achieving value for money.

The focus will be on two key dimensions:

- assurance and scrutiny; and
- identifying and managing continuous improvement.

Performance management is not restricted to only considering performance indicators but it will also include, for example, action plans, surveys, management accounts, internal audit recommendations and quality reports, all of which help to assess progress against a particular organisational objective.

In order to have effective performance management, each organisation will:

- prioritise and set clear objectives;
- communicate those objectives to staff and the wider community;
- track and communicate whether or not these objectives are being achieved; and
- take action to ensure that the objectives are being met.

Effective performance management requires good management processes and an organisational culture that integrates performance into the day to day work of front line staff and managers to support a culture of continuous service improvement.

**Context**

There are significant challenges ahead for public sector organisations as the drive for continual productivity and efficiency continues.  Shetland's public sector has high aspirations for delivering sustainable, quality services.  The Performance Management Framework will set out how we will go about achieving that, and the performance reporting structure will measure it.

Being held in high esteem as an organisation is motivating for staff, and highly motivated staff deliver excellent services.  Strong organisations are able to make a difference within communities and to work positively with other statutory and

voluntary agencies.  Strong organisations can focus on developing services rather than having to be defensive and reacting to internal deficiencies.

**Terminology**

In order to provide a common understanding of what is meant by the terms used, the following definitions are provided.

| | |
|---|---|
| Objective | <u>What </u>we want to happen |
| Outcomes | <u>What tangible difference</u> will be made to people and the community |
| Baseline | <u>Where </u>we are starting from |
| Target | <u>By how much or how quickly </u>we expect to achieve the objective |
| Performance Measure / Indicator | A measure which tells us <u>whether we are improving and/or have reached the target</u> |

**Overview**

The measurement of performance is an important part of the management of all public services.   Counting activity is relatively easy but measuring outcomes for the well being of society or for the quality of people's lives is more difficult.  Nevertheless, there is a need to seek ways of demonstrating that public money has been put to good use and that services are improving.

Performance management is defined as taking action in response to actual performance to make outcomes for users and the public better than they would otherwise be.   Performance management is therefore an integral part of service delivery as it helps to plan, monitor and seek improvements.

Individual members of staff need to know what is expected of them, and what part they play in the overall success of the organisation they work for.  Effective performance management is about being positive and helping individuals to really excel at what they do best.

There is a need to demonstrate that organisations are delivering services that meet needs.  Performance management information give organisations a way of making decisions about where to focus resources to best meet need.  Over time, performance management allows relative measurement to be made so that improvements can be evidenced.  It can also identify areas where extra effort is needed to achieve agreed improvements.

Services are funded by tax payers so there is a need to show that every pound counts towards delivering services.  Each organisation should operate as efficiently

and productively as possible and apply as much resource as possible to front line services.

At government and at local level, working in partnership is seen as a way of achieving better and more joined-up services. As partnership working develops, ways of measuring success across organisational boundaries becomes ever more important.

The community planning arrangements, through the Shetland Partnership, has in place a Plan to address issues which require a shared approach. All these arrangements require us to manage performance across organisational boundaries and we do that by focusing on outcomes, and how we are contributing to improving people's lives. There is a particular focus on tackling inequality and taking measures to ensure that everyone who lives here is able to have the same opportunity of access to services and facilities.

In summary, performance management is important because:

- If we do not measure results, we cannot tell success from failure.
- If we cannot see success, we cannot reward it.
- If we cannot reward success, we are probably rewarding failure.
- If we cannot see success, we cannot learn from it.
- If we cannot recognise failure, we cannot correct it.
- If we can demonstrate results, we can win public support.
- What gets measured gets done.

The Performance Management Framework is built on the following underpinning principles:

- Focus: on an organisation's aims and objectives.
- Outcome driven: that is what is important to the end user.
- Appropriate: to, and useful for, the stakeholders who are likely to use it.
- Balanced: giving a picture of the main areas of the organisation's work.
- Robust: in order to withstand organisational changes or individuals leaving.
- Integrated: into the organisation's business planning and management processes.
- Cost effective: balancing the benefits of the information against the costs.
- Evidence Based: based on good quality data and interpretation.
- Support a culture of continuous improvement: learning from good practice elsewhere.
- Transparent: objective and readily accessible to user and the public.
- Comprehensive: able to cover the whole organisation.
- Owned: everyone must accept a role in managing performance and take action to ensure improvement.
- Data Normalisation: a systematic approach minimise the steps in data handling to eliminate unnecessary steps and maintain data integrity.

The system needs robust performance indicators with the following general characteristics:

- Relevant: capturing success in one of the organisation's objectives.
- Avoids perverse incentives: discourages unwanted behaviour.
- Attributable: clear where accountability for the measure lies.
- Well-defined: unambiguously defined and easy to understand.
- Timely: data is produced quickly and regularly enough to be useful.
- Reliable: accurate enough for its intended use and responsive to change.
- Comparable: allows comparisons with others, and over time.
- Verifiable: the processes producing the data can be validated.

## Strategic Framework

Organisations are required to report performance against national targets set by the Scottish Government and through local planning arrangements such as the Shetland Partnership Plan and service specific strategies.

The key plans against which performance will be measured are:

- the National Performance Framework
- the Shetland Partnership Plan
- Shetland Islands Council Corporate Plan
- Shetland Islands Health and Social Care Partnership Joint Strategic Commissioning Plan

The National Performance Framework[2] is based on 11 Outcomes and 81 Indicators, as shown in the 'daisy wheel' diagram below. These national outcomes describe a situation where people:

- grow up loved, safe and respected so that they realise their full potential
- live in communities that are inclusive, empowered, resilient and safe
- are creative and their vibrant and diverse cultures are expressed and enjoyed widely
- have a globally competitive, entrepreneurial, inclusive and sustainable economy
- are well educated, skilled and able to contribute to society
- value, enjoy, protect and enhance their environment
- have thriving and innovative businesses, with quality jobs and fair work for everyone
- are healthy and active
- respect, protect and fulfil human rights and live free from discrimination
- are open, connected and make a positive contribution internationally
- tackle poverty by sharing opportunities, wealth and power more equally

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[2] https://nationalperformance.gov.scot/

The Shetland Partnership Plan for 2018- 2028[3] has recently been approved. The shared vision of the Shetland Partnership is,

> "Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges."

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[3] https://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf

The shared priorities are:

| | |
|---|---|
| People | Individuals and families thrive and reach their full potential |
| Participation | People participate and influence decisions on services and use of resources |
| Place | Shetland is an attractive place to live, work, study and invest |
| Money | All households can afford to have a good standard of living |

The agreed outcomes are:

- The Shetland Partnership will be a successful partnership – between public agencies and with communities – helping to deliver improved outcomes for people across the Isles
- Communities will feel empowered and the majority of people in Shetland will feel more able to influence the decisions that affect them and have a strong understanding of how and why decisions are taken
- Staff from across the Shetland Partnership will be actively seeking to involve communities in decision making and service delivery, including identifying and involving those who do not often have their voices heard
- The number of disadvantaged people and households in Shetland will be considerably reduced as a result of people being enabled and empowered to address the issues they face and helping others to thrive in the same way
- The Shetland Partnership will be prioritising prevention and working with households and communities to provide innovative solutions to the issues they face
- Shetland will continue to be a safe and happy place, with more people feeling connected to their communities and benefitting from living in good places and keeping active
- People will be accessing employment, education, training and services in innovative ways designed to minimise the barriers to involvement for all
- Shetland will be attracting and retaining the people needed to sustain our economy, communities and services
- Communities will be actively involved in shaping their own future resilience, creating positive places that are economically, socially and environmentally sustainable
- Everyone will be able to access the support they need to maximise their income potential; including innovative, flexible and entrepreneurial employment opportunities throughout Shetland
- Everyone will be able to access the support they need to minimise their outgoings with low income households benefitting from reduced bills

- National governments will understand the additional costs for essential items for householders in Shetland reflecting this in welfare payments and other relevant schemes
- Communities will be empowered to provide innovative solutions and support to help people maximise their incomes and minimise their outgoings from the support available

A broad range of indicators have been developed to measure progress against these outcomes.

**Stakeholders**

Each stakeholder will have a different need in terms of the performance information they require.

A 'Best Value' approach supports public sector organisations to use performance data as a tool for staff to continuously improve the services they provide to users and communities. The system also supports organisations to use public performance reporting to ensure that its communities, citizens, customers and other stakeholder are aware of what services are in place, what standards can be expected and what plans there are for improvement.

The main principle behind freedom of information legislation is that people have a right to know about the activities of public authorities, unless there is a good reason for them not to. This is sometimes described as a presumption or assumption in favour of disclosure.

By holding performance information on web-sites, or other accessible mechanisms, in an open and transparent way, we will allow direct access to data from any stakeholder, without presumption of our need to understand why they are interested in the data. This approach may reduce the investment required in responding to routine Freedom of Information requests. However, we will ensure that other mechanisms are available in order not to discriminate those within our community who do not have access to, or use, digital technology.

Stakeholders who have a governance and assurance role will tend to assess performance data from an outcomes, risk, resources and timescale perspective. As decision makers, they will require robust evidence in option appraisals to support effective decision making and wise use of resources.

Stakeholders who have direct managerial responsibility to deliver projects or service improvement will need detailed information to make sure that they can oversee the actual delivery of the project or improved performance.

The wider community will be supported with access to a wide range of performance data to help to hold public services to account.

The Scottish Government and Audit Bodies will need to see that we are meeting the requirements of the Best Value legislation and reporting on national performance data.

Unless there is a reason to withhold, the data will be made publically available for access by all stakeholders.  There will no presumption as to the level of detail which stakeholders will be interested in.  The framework will build a 'hierarchy' of performance  information, from summary data to links to detailed reports and other information on specific services or topics.   This will include links to formal decision making reports, if required.

A list of some of the stakeholders which the framework will support is included below.

- Councillors and Non-Executive Board Members;
- Chief Executives;
- Senior Managers / Directors;
- Communities, of place and of interest;
- Community groups
- Citizens, taxpayers
- Service Users, patients – actual and potential;
- Staff;
- Staff representative groups;
- Managers;
- Auditors;
- Inspectors;
- Scottish Government;
- Professional Advisory Bodies;
- National Agencies;
- Peer organisations;
- Etc.

Information which is of interest to our stakeholders will be made available on an ongoing basis and need not be restricted to decision making points.   Managers will work closely with communications teams to get messages well framed to be easily understood.   A variety of tools and techniques will be used, including briefings, video clips, info-graphics, presentations, frequently asked questions, etc.

Projects can be supported by detailed communications and engagement plans, with clear stakeholder analysis and methods identified.

## Accountability and Roles and Responsibilities

Whilst it is everyone's job to manage performance, it is the role of each organisation to drive a culture of performance by providing a clear vision and corporate objectives, holding the responsible officers to account for delivery of priorities and objectives.

The broad remit and responsibility of the decision making entities -  the Council, Board(s) and Committees - is set out below.    Holding staff to account through an outcomes based approach is a key element of the continuous cycle of improvement.

| Entity | Responsibilities |
|---|---|
| Shetland Islands Council / NHS Board | - Agreement on Strategic Plan and objectives<br>- Drive a culture of performance<br>- Ensure performance against strategic objectives<br>- Review performance; challenge and problem solve actions being proposed to address problems<br>- Address cross-functional issues<br>- Adjust resource inputs to meet priority targets / measures |
| Integration Joint Board and Service Committees | - Agreement on Strategic Plans and Objectives<br>- Drive a culture of performance<br>- Ensure performance against Strategic Objectives |
| Audit Committees | - Ensure that arrangements in place to provide assurance to the Accountable Officer in relation to Best Value (of which performance management arrangements are one component) |

Staff are key to creating a performance culture and the responsibilities are set out below.

| Staff | Responsibilities |
|---|---|
| Chief Executives | − Overall statutory responsibility for safety, governance and performance management<br>− Lead the cultural approach to performance |
| Directors | − Responsibility for driving forward the development of and embedding performance management arrangements in their area of service.<br>− Ensuring compliance with the Performance Management Framework<br>− Reporting on performance and being held to account by respective Committees / Boards. |
| Relevant Support Services | − Responsibility for the maintenance of systems and collection and presentation of performance data. |
| Managers | Managers will:<br>- provide clear support for continuous improvement<br>- Provide clear direction for change management projects and expected outcomes<br>- encourage a culture where staff feel comfortable in challenging current practice<br>- encourage staff to share knowledge and learn from others<br>- identify good practice, where the sharing of information is not left to chance but is proactively managed |
| All staff | − All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. |

**Creating a Performance Management Culture**

Each organisation will promote a performance management culture and will:

- actively support continuous improvement; and
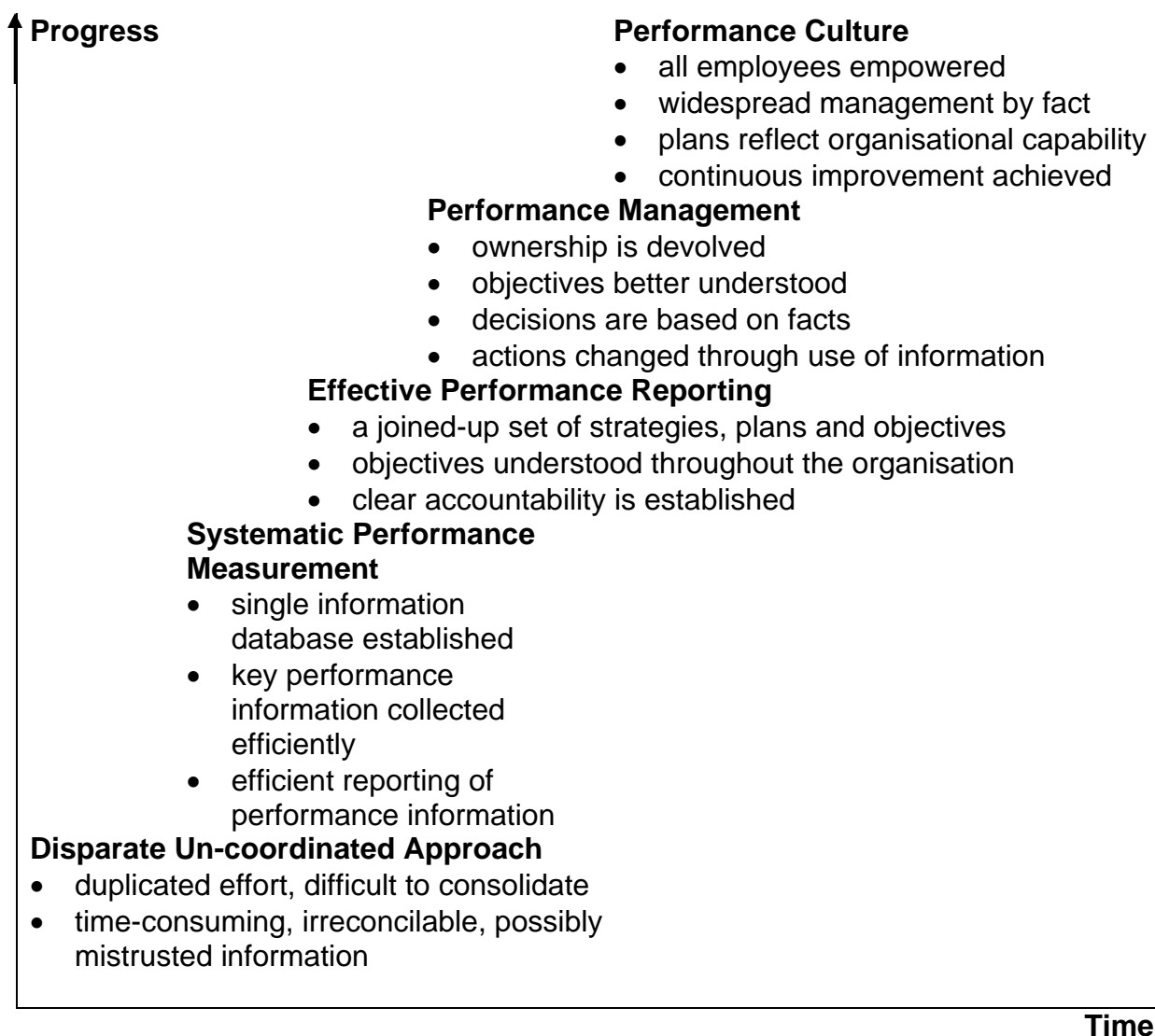- monitor and control its overall performance.

Where services:

- have a broad range of performance measures in place that covers all key services
- actively develop measures to support continuous improvement

- learns from others
- uses trend information to help assess how the services are changing
- make sure that staff have the time and opportunity to review their performance and take part in improvement activities
- uses evidence from performance measures to change resourcing decisions

Good performance management motivates people. This requires strong and inspirational leadership to create the right environment to allow innovation, for teams to excel and where success is celebrated and challenges are tackled in a positive way.

The diagram below shows how an organisation can develop its approach to a performance culture.

**Diagram: Towards a Performance Culture**

**Progress**

**Performance Culture**
- all employees empowered
- widespread management by fact
- plans reflect organisational capability
- continuous improvement achieved

**Performance Management**
- ownership is devolved
- objectives better understood
- decisions are based on facts
- actions changed through use of information

**Effective Performance Reporting**
- a joined-up set of strategies, plans and objectives
- objectives understood throughout the organisation
- clear accountability is established

**Systematic Performance Measurement**
- single information database established
- key performance information collected efficiently
- efficient reporting of performance information

**Disparate Un-coordinated Approach**
- duplicated effort, difficult to consolidate
- time-consuming, irreconcilable, possibly mistrusted information

**Time**

A key step towards achieving a culture of performance management is to establish an integrated way of communicating and implementing agreed objectives. All of the plans must contain clear objectives, and the plans need to be joined up.

A shared understanding and ownership of the Vision, Values and Objectives by all staff and stakeholders is the key to making sure that what organisations say they will do – through our planning processes – actually gets delivered by staff.

What organisations think, what they say and what they do all need to be in alignment.

Performance management is important to ensure that organisations are delivering what they set out to achieve.

**Creating a Range of Performance Indicators**

There is in place a wide range of information, evidence and knowledge upon which the Board can make a judgement as to how it is performing. The information is grouped by category of 'stakeholder' below.
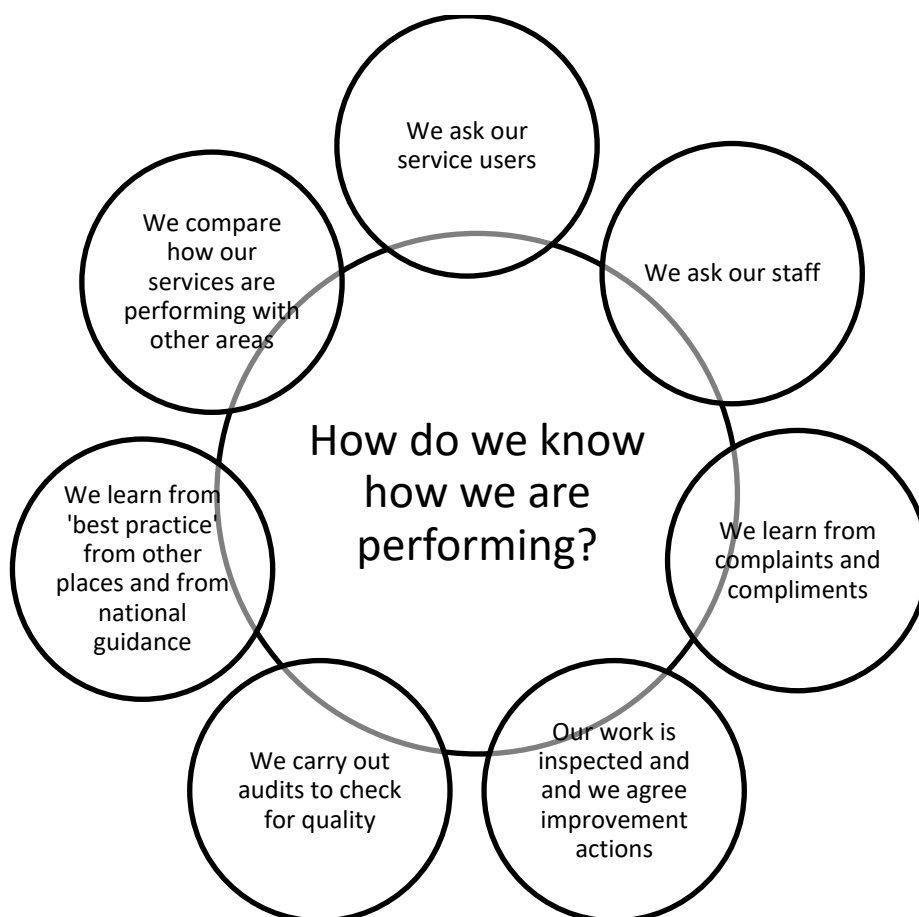
The following diagram describes the types of reports and data that make up the performance framework.



Service Users
- Engagement
- Consultations
- Complaints
- Compliments
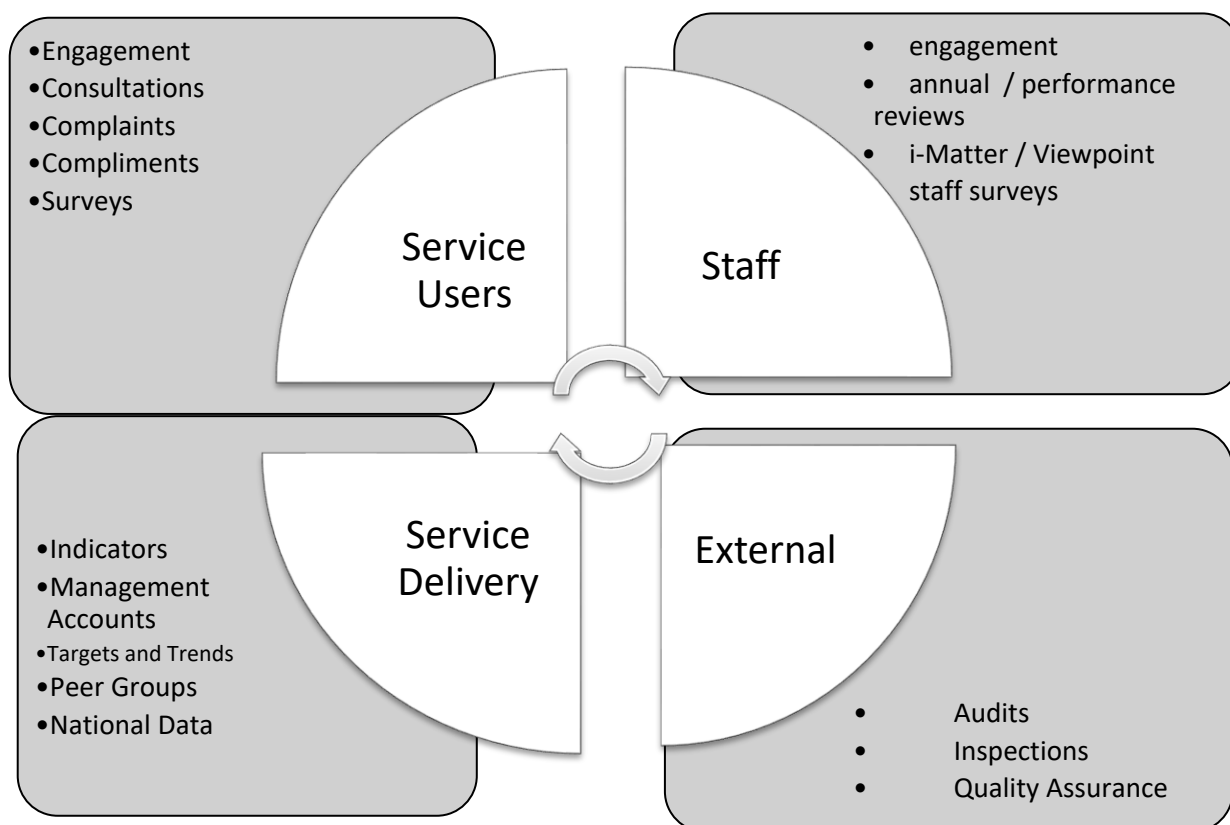- Surveys

Staff
- engagement
- annual / performance reviews
- i-Matter / Viewpoint staff surveys

Service Delivery
- Indicators
- Management Accounts
- Targets and Trends
- Peer Groups
- National Data

External
- Audits
- Inspections
- Quality Assurance

**Delivering the Performance Management Framework**

In June 2015, The King's Fund[4] was commissioned by the Department of Health (in England) to review how the performance of local health systems could be assessed. They recommended that there be:

- a radical simplification and alignment of existing NHS performance frameworks;
- consolidation into a single framework; and
- a small set of headline indicators ... to present key performance information to the public.

The Kings Fund, in that Report, also stated that, "a larger set of indicators should be available to enable patients and the public to drill down into population groups and

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[4] Measuring the performance of local health systems: A review for the Department of Health
https://www.kingsfund.org.uk/publications/measuring-performance-local-health-systems

medical conditions of particular interest to them and to support commissioners and providers in quality improvement."

Building on these principles, the Performance Management Framework is built around

- a focus on reporting on delivering outcomes and strategic objectives;
- the large set of performance indicators being readily and openly available to all; and
- performance data encompassing a wide range of information, beyond performance indicators, in support of strategic objectives.

Each Director is responsible for reporting on performance within their sphere of responsibility and being held to account for delivery.

The small number of high level outcomes will be built around the strategic objectives of each organisation.   This will include reporting on progress on key strategic projects – capital projects, or transformational change projects or significant service redesign projects.  This will enable decision makers to fulfil their responsibilities within the Procurement and Commissioning Framework – to demonstrate that services are meeting needs and that agreed improvements are being progressed.

A template for reporting on outcomes, using health and care as an example, is included at Appendix 2.  This is based on the Canterbury (New Zealand) Health System Outcomes Framework[5].  The example used is for services for people affected by Alcohol and Drug Misuse and is considered from a community planning perspective (ie, that only a joint inter-agency approach will address the issues).

A template for reporting on Strategic Projects is included at Appendix 3.  This provides an overview of the key stages of the project and highlights any issues or barriers to delivery.  The Knab Masterplan project is used as an example.

All relevant service performance data will be made available for interrogation directly from source, in order the stakeholders can access the data in a dynamic and timely way. This assists with openness and transparency, and avoids duplication of effort. The data will be made available through clear links on each organisations web-sites. Service Performance Indicators will only be formally reported where there is a clear link to delivery of the agreed strategic outcomes.

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[5] http://ccn.health.nz/Resources/OutcomesFramework.aspx

Some examples of web-links where data which is already openly available are included below:

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Scottish Government Statistics:

https://www2.gov.scot/Topics/Statistics

for example:

Housing and Regeneration

https://www2.gov.scot/Topics/Statistics/Browse/Housing-Regeneration?utm_source=website&utm_medium=navigation&utm_campaign=statistics-topics

Health and Community Care

https://www2.gov.scot/Topics/Statistics/Browse/Health?utm_source=website&utm_medium=navigation&utm_campaign=statistics-topics

Information Services Division (part of NHS National Shared Services Scotland)

https://www.isdscotland.org/

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Service performance information is a broad term used to describe anything of interest that will help with reporting on how each service is performing.  It might be to celebrate staff achievement, how a specific incident is being dealt with, the outcome of an inspection visit, etc.  These are items which can be addressed in a dynamic and timely way through briefings, emails, or by other means, and need not form part of the formal performance reporting arrangements.  They are however an important element in adding richness to the information relating to each service and it is worthwhile investing in effective communication systems within Directorates to maintain a good flow of information.

Operational performance indicators will also be made available on line.  This will include, for example, data on overtime hours worked by staff.  This allows decision makers to raise issues with Directors where there are matters of interest or concern.

Presentation of data is key to make sure that the performance data is clear and cannot be misinterpreted.

A range of tools and techniques should be used and reliance not placed wholly on written documents.  Appropriate use of visual and oral mechanisms is encouraged.  Use of trend data is often useful to understand trends and spikes in activity.  Video

clips to explain a complex issue is useful to support any written presentations and information.

The approach can be described as a tiered system, as set out below.



Strategic Objectives

Outcomes

Formal Reporting

Service Performance Indicators

Openly Available on line

Service Objectives

Service Information and Operational Data

Informal Briefings
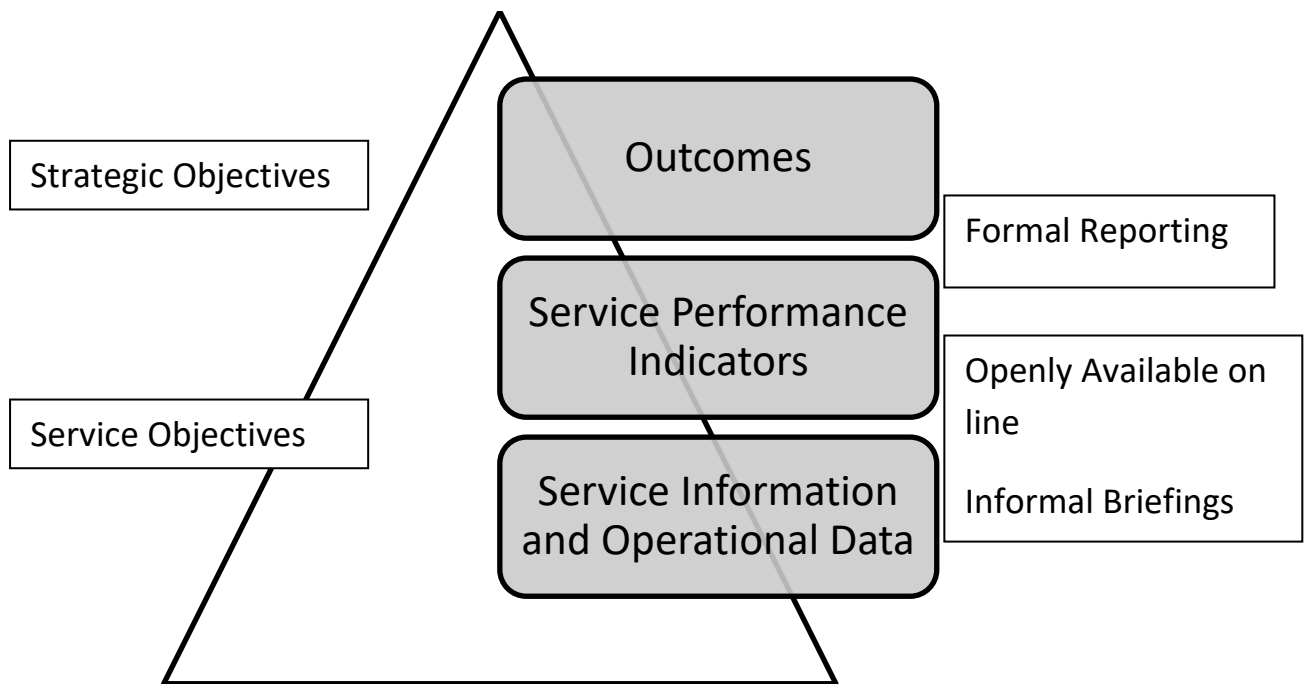
The Performance Management Framework is part of the annual planning and performance cycle, set out at Appendix 4, an overview of which is set out below.

| Quarter 1<br>May – June | Quarter 2<br>August –<br>September | Quarter 3<br>October –<br>December | Quarter 4<br>February - March |
| --- | --- | --- | --- |
| Looking back on what's actually been done and learning from that. | Planning for the year ahead, what do we want to achieve and why. | Resourcing the plans through budgets, workforce plans, asset plans, etc. | Approval of the Plans and Resources for the year ahead. |
| Final Accounts (Draft)<br><br>Annual Performance Report | Final Accounts | | Approval of Budgets<br><br>Approval of Strategic Plans |
| Quarterly Performance | Quarterly Performance | Quarterly Performance | Quarterly Performance |
| Quarterly Management Accounts | Quarterly Management Accounts | Quarterly Management Accounts | Quarterly Management Accounts |

NHS Shetland's performance reporting arrangements are included at Appendix 5. This sets out the specific assurance roles and remits which require to be fulfilled.

An Impact Assessment has been done and is included at Appendix 6.

**Appendix 1**

## Extract from Shetland's partners delivering for outcomes Commissioning and Procurement Framework, 2016 – 2020

### Diagram to Describe the Commissioning Process
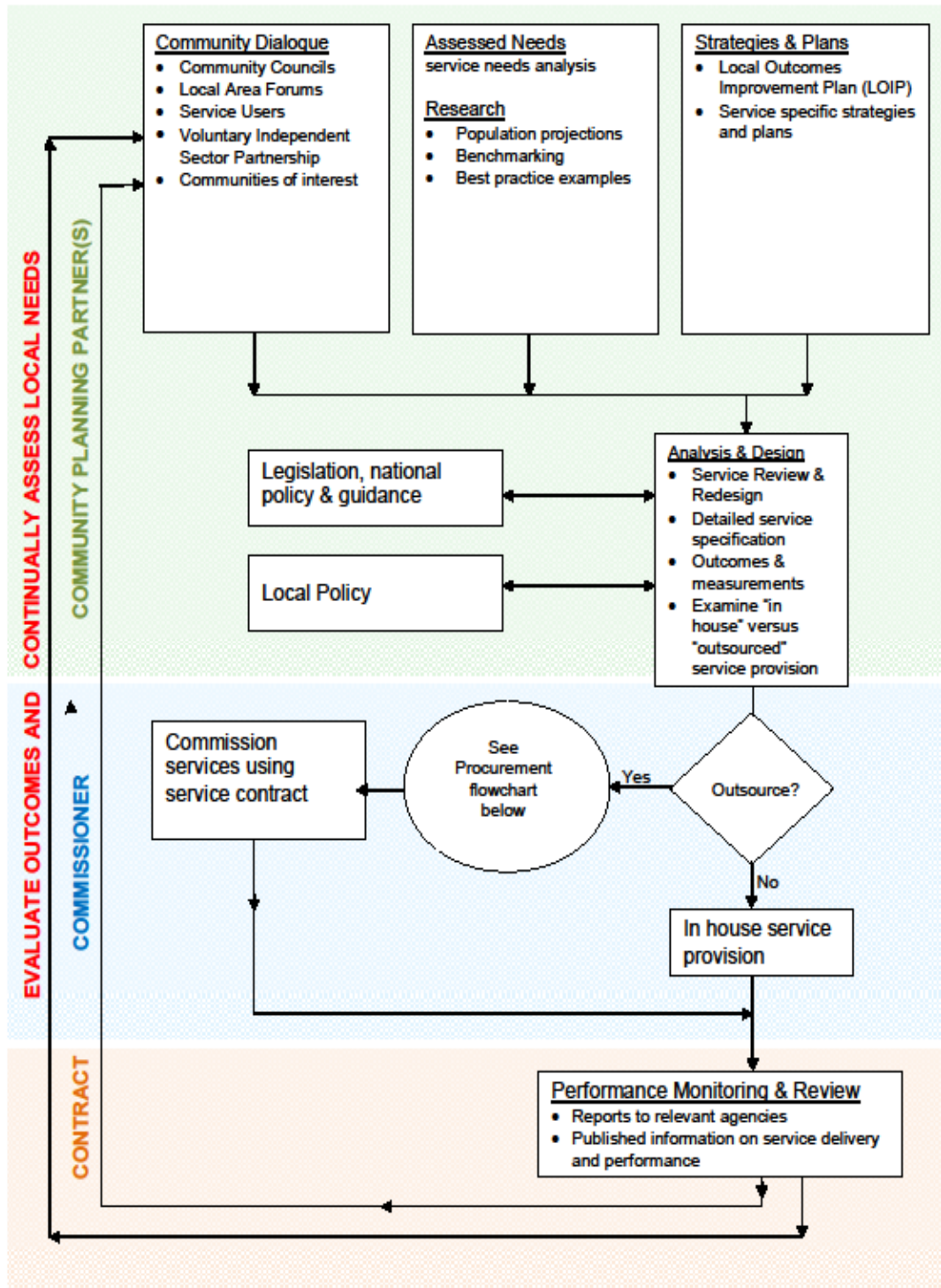
**Appendix 2**

**Template for Reporting on Key Strategic Projects**

**(Capital, Transformational, Service Redesign, etc)**

**Example Only: Knab Masterplan**

| | | |
|---|---|---|
| **Directorate:** | Development | |
| **Project Title:** | Knab Masterplan | |
| **Strategic Links:** | Shetland Partnership Plan | Part of 10 year plan to make Shetland attractive place to live work study and invest |
| | Corporate Plan | Links to all five theme areas of Corporate Plan |
| | Directorate Plan | Enable the delivery of the 10 year plan |
| | Other relevant strategic docs | Local Housing Strategy; Transport Strategy;Community Empowerment/Asset Transfer; Islands Deal |
| **Key objectives:** | To deliver a masterplan to shape the future development of the Knab (former Anderson High school site) | Consultants appointed - 7 N Architects to carry out the masterplan process. Overseen by multi-agency project team.  Community consultation carried out. |
| **Timescales:** | | Anticipate final report to March/April committee cycle |
| **Deliverables:** | | Final approved masterplan document |

| | |
|---|---|
| **Linked Projects:** | Future projects to flow from masterplan, include provision of new affordable housing of mixed tenure, community and commercial use of existing buildings |
| **Progress update:** | There has been a delay to the original timescale. Additional round of community consultation was carried out. |
| **Concerns:** | Concern of impact of any further slippage in the timetable |
| **Decisions required:** | |
| **Next update due:** | Committee report Xx/XX/19 Future updates ?? |

**Template for Reporting on Strategic Outcomes**

**Example Only: Services, Pathways and Approaches in Support of Alcohol and Drug Misuse**

This diagram is based on the Canterbury, New Zealand Health System Outcomes Framework (http://ccn.health.nz/Resources/OutcomesFramework.aspx)

The concept diagram is included below (please use web-site link to see the actual text).

It builds outwards from an overall objective that, "people are well and healthy and in their own homes and communities". The concept builds outwards through a number of related outcomes to the outermost circles which show how the Performance Indicators can help demonstrate progress towards outcomes.
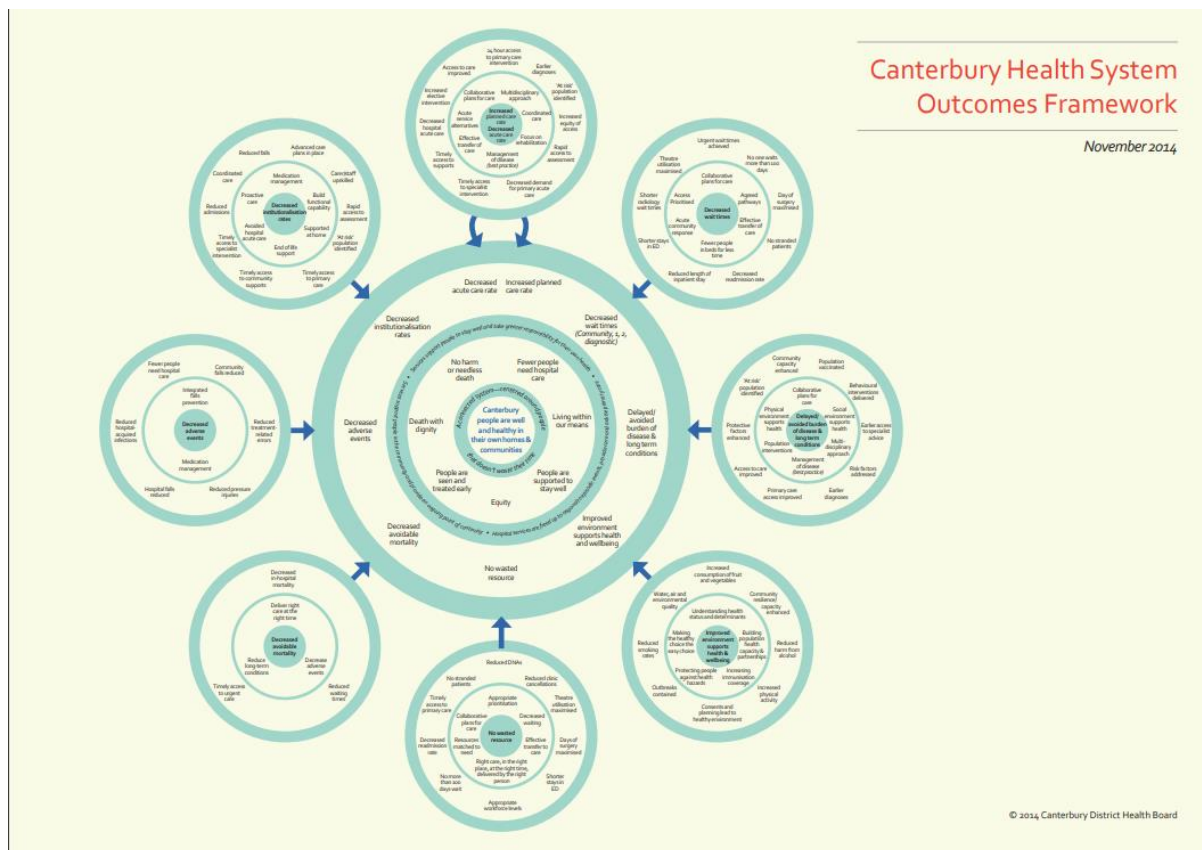


The diagram below uses the concept but the "central" objectives is built around the Scottish Government objective – that we live longer, healthier lives – together with the Shetland Partnership Plan's aim that "Individuals and Families can thrive and reach their full potential".

**Co-ordinated care**

**Access to Services**

**Reduced Admissions**

**Decreased Institutional Rates**

**Decreased Wait Times**

Hospital Presentations

Hospital length of stays

Inpatient stays

Decreased Readmissions

A&E Presentations

Access / Referrals

Assessments / Diagnostics

Collaboration

Multi-Disciplinary Teams

Referrals – New / Repeat

Discharges

Treatment Times

Recovery Programmes

**Decrease Acute / Increase Planned Care**

No harm or needless death

Fewer People Need Hospital Care

Deaths

Suicide Rates

Child Protection (Cases)

Medicines Management

Crime / Offending

Anti-Social Behaviour

**Decreased Adverse Events**

Death with dignity

We Live Longer Health Lives: *Individuals and families thrive and reach their full potential*

People are supported to live well

**Delayed / Avoided Burden of Disease and Long Term Conditions**

'At Risk'

Behavioural Interventions

Protective Factors

People are seen and treated early

Living within our resources

Equity

Misuse at Harmful Levels

Reduced Waiting Times

Timely Access to Urgent Care

**Decreased Avoidable Mortality**

Match services to need

Access to Services

Avoidable Readmissions

**No wasted resource**

**Improved Environment supports Health and Wellbeing**

Health Status Determinants

People feel part of community

Reduce Alcohol Consumption

Increase Physical Activity

Social Events

Stigma / Campaigns

Supported Employment

Aftercare Services

**Annual Planning and Performance Cycle**

| Topic | Report | Frequency | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |
| Strategic Planning | Strategic / Corporate Plans | 3 Year, annual refresh | | | | | | | | | | | Approval | |
| | Operational / Service Plans | Annual | | | | | | | | | | | Approval | |
| | | | | | | | | | | | | | | |
| Performance | Key Performance Indicators | Quarterly[1] | | | Jan-March Q4 | | April – June Q1 | | | | July-Sept Q2 | | Oct-Dec Q3 | |
| | Progress Reports on Action Plans | Quarterly | | | Jan-March Q4 | | April – June Q1 | | | | July-Sept Q2 | | Oct-Dec Q3 | |
| | Annual Reports | Annual | | | | | Review | | | | | | | |

[1]The indicators which are available annually will be reported at the first opportunity following publication

**NHS Shetland's Performance Management Arrangements**

**Background**

NHS Shetland is proud of the services it delivers, and of the staff who work within those services.  Whilst performance in most areas continues to be good, NHS Shetland aspires to providing the best services and being one of the top performing health boards in Scotland.

The Board seeks to develop an 'open, just and non punitive' culture where all staff feel able to report adverse incidents, near misses and hazards in the knowledge that incidents / errors are not normally investigated through the disciplinary procedure.

NHS Shetland's performance is measured against that of other health boards.  This not only informs an elected government of how we are delivering services, but also demonstrates our success relative to others.  This is important because where others may be doing better than we are in particular areas, we can learn from them to improve our performance.

NHS Shetland is required to report performance against national targets set by the Scottish Government and through local planning arrangements such as the Shetland Partnership Plan.

The key plans against which NHS Shetland needs to demonstrate performance are:

- the National Performance Framework
- the Local Delivery Plan (LDP) national targets and standards (which is evolving into an Operational Delivery Plan for 2018-19)
- the National Health and Wellbeing Outcomes and Integration Principles
- NHS Scotland's Quality Ambitions
- The Shetland Partnership Plan
- Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan's strategic objectives
- NHS Shetland locally determined performance indicators

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.   By working with individuals and local communities, NHS Shetland will support people to achieve the following outcomes:

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5. Health and social care services contribute to reducing health inequalities

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Outcome 7. People using health and social care services are safe from harm

Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

NHS Scotland's Quality Ambitions are:

- Safe - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time

- Person-Centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making

- Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Services will be delivered in line with Scotland's Care Inspectorate standards as the national regulator for care services in Scotland. Care Inspectorate inspect the social work (and social care) services provided by local authorities and carry out joint inspections with partner organisations.

The Care Inspectorate exists to:

- provide assurance and protection for people who use services, their families and carers and the wider public
- play a key part in improving services for adults and children across Scotland
- act as a catalyst for change and innovation
- promote good practice.

People have the right to expect the highest quality of care and their rights promoted and protected. It is the Care Inspectorate's job to drive up standards of care and social work services through regulation and inspection.

The Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan's strategic objectives are refreshed annually and currently include:

– people will be supported to look after and improve their own health and well-being, helping them to live in good health for longer
– older people and people who are living with long-term conditions will be getting the services they need to help them live as independently as possible
– increased use of technology is helping us provide care for the most vulnerable and elderly in our community
– healthcare is provided by multi-professional teams, with reliance on single handed practitioners kept to a minimum
– attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures is kept to a minimum
– patients are only sent outwith Shetland for healthcare if it cannot be provided safely and effectively locally
– care is only provided in a hospital setting if it cannot be provided safely and effectively in the community
– emergency care is maintained in Shetland, including medicine, surgery and maternity services

The strategic framework is shown diagrammatically below.

# Performance Framework

| Values / Quality Ambitions<br><br>**Triple Aim:**<br>Person Centred<br>Safe<br>Effective<br><br><br>Efficient<br>Equitable<br>Timely<br>Sustainable<br>Ambitious | **NHS Scotland 2020 Vision**<br><br>The Scottish Government's 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:<br>  - whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions;<br>  - we have integrated health and social care;<br>  - there is a focus on prevention, anticipation and supported self-management;<br>  - where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;<br>There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk or re-admission.<br><br>**Delivering Health and Wellbeing Outcomes, National and Local Targets (using the Integration Principles)** | | | | **In partnership with**<br>Patients<br>Service Users<br>Unpaid Carers<br>Families<br>Staff<br>Professionals<br>Partners<br>Communities<br>Public<br><br>**Shetland Community Planning Partnership**<br>Local Outcome Improvement Plan |
|---|---|---|---|---|---|
| **Strategic Plan:** | **Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan** | | | | Delivered Through these plans:<br><br>Service Plans<br>Budgets<br>Workforce<br>Training Property and Asset Management<br>E'Health |
| **Measured By:** | Performance Measures | Annual Reports | Internal and External Audits | Quality Reports | For:<br>Assurance<br>Reassurance<br>Improvement |

The Scottish Government have developed ten principles for Performance Management. These are listed below and this Policy has been developed to align with these principles.

**NHSScotland's Performance Management Framework Supports delivery of the Scottish Government's outcomes and Health and Social Care Directorates strategic objectives.**
Local Delivery Plans [now Operational Plans] set out some of the key improvements NHS Boards will deliver to contribute towards the delivery of the Scottish Government's outcomes.

**Performance measures demonstrate the progress towards delivering our strategy for improving the quality of patient care.**
Delivery of standards and performance measures give Ministers, staff and the public the confidence that we are making progress in implementing our key strategies for NHSScotland and improving the quality of patient care

**Performance measures help deliver a wider system aim, and the impact on the whole system must be considered**
Performance measures are not an end in themselves but are a proxy measure for a wider system change.

**Design the system, deliver the performance.**
The delivery of standards should be the consequence of well-designed systems of care which take account best evidence and local needs. Well-designed systems of care ensure that individual patients are not disadvantaged to ensure compliance with standards.

**Clinical decision making in the interest of the patient is always more important than unequivocal delivery of performance measures.**
Patients are always diagnosed and treated according to their clinical need.

**Local flexibility in delivery.**
Through the Local Delivery [now Operational] Planning process, Scottish Government and NHS Boards will consider local circumstances (such as Community Planning Partnership priorities, baseline performance, service models, workforce, risk, governance, the needs of local people) in defining performance measures, performance management, improvement support and delivery.

**Performance measures should support diversity and reduce inequalities.**
The Scottish Government and NHS Boards in defining, performance managing, and delivering standards always ensure that performance measures do not result in inequity in the quality of service provided for any patient.

**Staff should be engaged in performance measurement setting and delivery.**
Performance measures can help staff realise improvements in care and contribute to system wide priorities. Staff should be involved in local delivery planning and review of performance, including lessons learned and encouraged to actively identify and implement improvements.

**Best practice in Performance Management and Delivery is shared.**
NHS Boards have their own individual performance management systems, building on national requirements. There is scope to share best practice in performance management and delivery and to share best practice in Board's contributions to Local Outcome Improvement Plans with their planning partners.

**Data and measurement are key aspects of Performance Management.**
Performance measures are specific, measureable, achievable, realistic and timebound [SMART]. Performance measures are short to medium term outcomes, clearly identifying key contributions that NHS Boards make. We always work to recognise any data quality issues that may arise with performance measures and will ensure a wider understanding of the nature and uses of data and information within delivery.

**Accountability and Roles and Responsibilities**

Whilst it is everyone's job to manage performance, it is the Board's role to drive a culture of performance by providing a clear vision and corporate objectives, to determine what it is NHS Shetland is aiming to achieve, and by holding the Chief Executive and Directors to account for delivery of relevant national and local priorities and objectives.   The remit and responsibility of the Board(s) and Committees is set out below.

| Entity | Responsibilities |
|---|---|
| NHS Shetland Board | - Agreement on Strategic Plan and Objectives<br>- Drive a culture of performance<br>- Ensure performance against Strategic Objectives<br>- Review performance; challenge and problem solve actions being proposed to address problems<br>- Address cross-functional issues<br>- Adjust resource inputs to meet priority targets / measures |
| Integration Joint Board | - Agreement on Strategic Plan and Objectives<br>- Drive a culture of performance<br>- Ensure performance against Strategic Objectives |
| Clinical, Care and Professional Governance Committee | - Ensure that systems are in place to monitor standards and provide safe, effective person centred services.<br>- Review performance against Performance standards / targets and recommend corrective action, as required. |
| Staff Governance Committee | - Ensure systems are in place for effective staff engagement<br>- Review performance against performance standards / targets relating specifically to staffing and recommend corrective action, as required. |
| Audit Committee | - Ensure that arrangements in place to provide assurance to the Accountable Officer in relation to Best Value (of which performance management arrangements are one component) |
| Remuneration Committee | - Ensure that Performance system for Executive Directors is managed appropriately |
| Area Partnership Forum | - Ensure that consistent good quality people management and employment practice is in place within Shetland NHS Board<br>- Review performance against staffing based performance standards / targets and recommend corrective action, as required. |
| Operational Groups | - Eg Executive Management Team, Hospital Management Team, Operational Waiting Times Meetings, Senior Charge nurse Meetings, Infection Control Team, AHP Meetings, Health Care Scientists Meetings, etc<br>- All of the communication and management structure above |

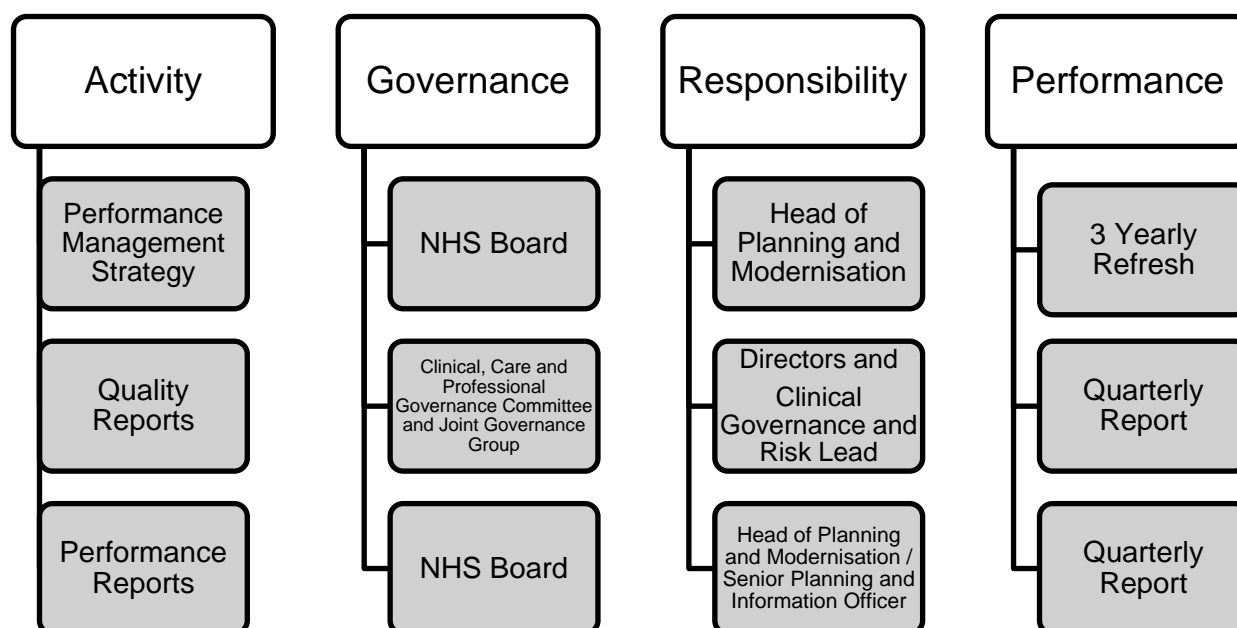| | will receive reports on performance, appropriate to the type of meeting/ structure in place. In many cases this will be a standard report (such as the risk register, quarterly summary of progress, corporate scorecard, or specific service improvement programme such as 18 week RTT, Scottish Patient Safety Programme, Long Term Conditions Collaborative, Mental Health Collaborative, Clinical Quality Indicators programme etc) |
|---|---|

There is no specific performance review committee. The reason is that NHS Shetland is a small organisation and good functional arrangements and management structures already exist. In addition, it is noted that in order to embed the principles of excellence and performance into all aspects of the organisation, this is best achieved by mainstreaming the monitoring of performance into existing structures. This means including the review of performance and outcomes in all clinical and management fora.

Effective performance management requires defined roles and responsibilities and clear ownership of measures. A summary of the roles and responsibilities is set out below.

| Chief Executive | Overall statutory responsibility for patient safety, governance and performance management |
|---|---|
| | Accountable to the NHS Shetland Board |
| | Lead the cultural approach to performance |
| Directors (Executive Management Team) | Responsibility for driving forward the development of and embedding performance management arrangements in their area of service, ensuring compliance with the Performance Management Policy and regularly contributing to and scrutinising the performance reports. |
| Director of Nursing and Acute Services / Director of Community Health and Social Care and the Medical Director | The Medical Director and Directors of Nursing and Acute Services and Community Health and Social Care leads the development and implementation of the clinical, care and professional governance arrangements, which provides assurance over the national Quality Standards of person-centred, safe and effective services. |
| Director of Human Resources and Support Services | The Chief Executive has delegated responsibility for the maintenance and collection of performance systems and data to the Director of Human Resources and Support Services. This responsibility is discharged through the Head of Information Management and Technology, the Senior Planning and Information Officer and the Clinical Governance and Risk Lead. The activities include: |

| | |
|---|---|
| | - ensuring that robust systems are in place for the performance management of national and local targets and measures;<br>- providing accurate and timing analysis and interpretation of performance data for performance review and reporting; and<br>- preparing the core data for reporting to committees and Boards, highlighting trends and co-ordinating commentary on variances against expected performance.<br><br>The Director of Human Resources and Support Services leads the development and implementation of the staff governance arrangements, which aligns the contribution made by individual staff and specific line managers to the Board's strategic objectives. |
| Head of Planning and Modernisation | The Chief Executive has delegated to the Head of Planning and Modernisation responsibility for ensuring that the Board has effective planning and performance systems and process that meet best practice guidance. |
| Managers | Managers will:<br>- provide clear support for continuous improvement<br>- Provide clear direction for change management projects and expected outcomes<br>- encourage a culture where staff feel comfortable in challenging current practice<br>- encourage staff to share knowledge and learn from others<br>- identify good practice, where the sharing of information is not left to chance but is proactively managed |
| All staff | All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action.  It is important that staff own the data of their activity, and understand how that translates to the corporate performance of NHS Shetland.<br><br>All staff :<br><br>- Are encouraged to raise issues relating to performance management arrangements and performance with their line manager and/or through existing management structures<br>- Will be able to view minutes and reports on the Intranet (e.g. board performance scorecard, annual reports and action plans from service improvement programmes etc)<br>- Receive information at formal updates such as team meetings, via Team Brief and mandatory refresher days in respect of changes/revisions to the performance management arrangements. |

Bringing this analysis together provides a diagram of performance management arrangements.

| Activity | Governance | Responsibility | Performance |
|---|---|---|---|
| Performance Management Strategy | NHS Board | Head of Planning and Modernisation | 3 Yearly Refresh |
| Quality Reports | Clinical, Care and Professional Governance Committee and Joint Governance Group | Directors and Clinical Governance and Risk Lead | Quarterly Report |
| Performance Reports | NHS Board | Head of Planning and Modernisation / Senior Planning and Information Officer | Quarterly Report |

## Delivering the Performance Policy

There is a regular cycle of periodic performance management, based around a quarterly reporting cycle.  We plan to report performance on a quarterly basis but will ensure that performance reports are presented at least 3 times a year.

The Board has a dedicated performance system, called Pentana.

Each of the Board's performance indicator and outcome data is loaded onto that system.  Each indicator is assigned to specific responsibilities as follows:

Data Owner - Administered By

Accountable Officer - Managed By

Data Administrator - Assigned To

Each indicator is assigned a 'target' and a timeline for achieving the objective.

Data is loaded onto the system by the Data Owners on a regular basis, in line with the reporting timescales.  Ideally, arrangements should be developed to automate the transfer of data to avoid manual input and double-handling of data.

We will work towards having a single set of data, feeding performance and management information on a consistent and reliable basis.

Reporting timescales are determined by the availability of data. Data for indicators is usually available either monthly, quarterly, annually or biennial (for some survey data).

The Performance Indicators are rated as Red, Amber or Green, to determine progress towards achieving the targets and overall objectives. The variation from target to create a Red, Amber or Green categorisation is determined by each Accountable Officer and will take account of the relative risk of non-performance as well as low number factors.

Historical trend data is available and included in the standard reports for comparative purposes.

The standard reports include a text box which allows each Accountable Officer to provide a commentary on performance, explain reasons for variation on performance and propose solutions to resolve any non-performance issues.

Each Accountable Officer has a 'dashboard' to see at a glance the performance across the range of indicators for which they are responsible.

Departmental dashboards are made available to individual departments on request, to allow them to track their performance more easily.

Formal performance reports are planned to be submitted quarterly to:

- The NHS Board
- The Integrated Joint Board
- The Clinical Care and Professional Governance Committee
- The Joint Governance Group
- The Area Partnership Forum

to enable those committees and groups to fulfil their remit. As a minimum, we will ensure that performance reports are presented for consideration at least 3 times a year.

Performance reports are provided regularly, usually monthly, to operational teams.

The Board recognises the importance of ensuring staff are fully appraised of current performance arrangements and outcomes.

We will work towards making the performance data:

- as user friendly and dynamic as possible, with appropriate use of visual and spoken and inter-active material; and
- available electronically and able to be interrogated at summary and detailed level.

**An Equality and Diversity Impact Assessment**

| | |
|---|---|
| **Which groups of the population do you think will be affected by this proposal?** All staff and residents, and visitors to Shetland<br><br>**Other groups:**<br>• Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)<br>• Women and men<br>• People with mental health problems<br>• People in religious/faith groups<br>• Older people, children and young people<br>• People of low income<br>• Homeless people<br>• Disabled people<br>• People involved in criminal justice system<br>• Staff<br>• Lesbian, gay, bisexual and transgender people | |
| N.B  The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed | What positive and negative impacts do you think there may be?<br><br>No specific impacts; it is important that all information, including performance data, is readily understood by all stakeholders so use of various methods will be used (written, visual, voice, etc) |
| | Which groups will be affected by these impacts?<br><br>All stakeholders / partners / staff / community |
| **What impact will the proposal have on lifestyles?**<br>For example, will the changes affect:<br><br>• Diet and nutrition | This is a support services policy and will therefore have no direct impact on people's lifestyles. |

| | |
|---|---|
| • Exercise and physical activity<br>• Substance use: tobacco, alcohol and drugs?<br>• Risk taking behaviour?<br>• Education and learning or skills? | |
| **Will the proposal have any impact on the social environment?**<br><br>Things that might be affected include:<br>• Social status<br>• Employment (paid or unpaid)<br>• Social/Family support<br>• Stress<br>• Income | This is a support services policy and will therefore have no direct impact on the social environment. |
| **Will the proposal have any impact on the following?**<br><br>• Discrimination?<br>• Equality of opportunity?<br>• Relations between groups? | None expected. |
| **Will the proposal have an impact on the physical environment?**<br><br>For example, will there be impacts on:<br>• Living conditions?<br>• Working conditions?<br>• Pollution or climate change?<br>• Accidental injuries or public safety?<br>• Transmission of infectious disease? | This is a support services policy and will therefore have no direct impact on the physical environment. |
| **Will the proposal affect access to and experience of services?**<br><br>For example,<br>• Health care<br>• Transport<br>• Social services<br>• Housing services<br>• Education | None expected. |

## Rapid Impact Checklist:  Summary Sheet

| Positive Impacts (Note the groups affected) | Negative Impacts (Note the groups affected) |
|---|---|
| None expected. | None expected. |

| Additional Information and Evidence Required |
|---|
| |

| Recommendations |
|---|
| |

**From the outcome of the RIC, have negative impacts been identified for race or other equality groups?  Has a full EQIA process been recommended?  If not, why not?**

No expected impact for race or other equality groups therefore full EQIA is not proposed.