

Gloucestershire Partnership Trust

Performance Management Policy

1. Introduction

- 1.1. Good governance drives good performance and results in an organisation that is clear about the risks it faces, with effective plans in place to deal with them, leading to better informed decision making, stronger financial management and improved patient care.
- 1.2. This performance management policy describes the Trust's framework for performance management. The framework is designed to ensure that the Trust meets its objectives and ensure that the Trust would be compliant with Foundation Trust terms of authorisation. This policy complements the Trust's policies for Planning and Governance and the Clinical Effectiveness strategy, and together they provide a framework for the Trust's businesses processes and governance.

2. Aims

- 2.1. The requirements placed upon Foundation Trusts are as follows (Compliance Framework, September 2006):
 - Deliver healthcare services to specified standards under legally binding contracts with commissioners
 - Operate effectively, efficiently and economically and as a going concern
 - Comply with national core standards and targets
 - Put in place and comply with arrangements for monitoring and improving the quality of healthcare provided by and for the Trust
 - Put in place a constitution approved by Monitor and grow a representative membership
 - Self-govern in accordance with best practice, maintaining the capacity to deliver mandatory services
 - Comply with statutory requirements, terms of authorisation, constitution, contracts and Monitor guidance
 - Co-operate with a range of NHS bodies and local authorities
 - Disclose information to Monitor and others as set out in the Authorisation
 - Deal openly and co-operatively with Monitor
 - Comply with operational and financial requirements
 - Comply with Secretary of State directions
 - Co-operate with regulators such as CSCI and MHAC
- 2.2. This performance framework focuses particularly on the first four of these requirements: to ensure the Trust meets national and contractual standards and targets, operates efficiently and effectively, and continuously improves the quality of services. The framework covers the performance management of strategies and the management of the Trust's day to day operations.

3. Performance Management Principles

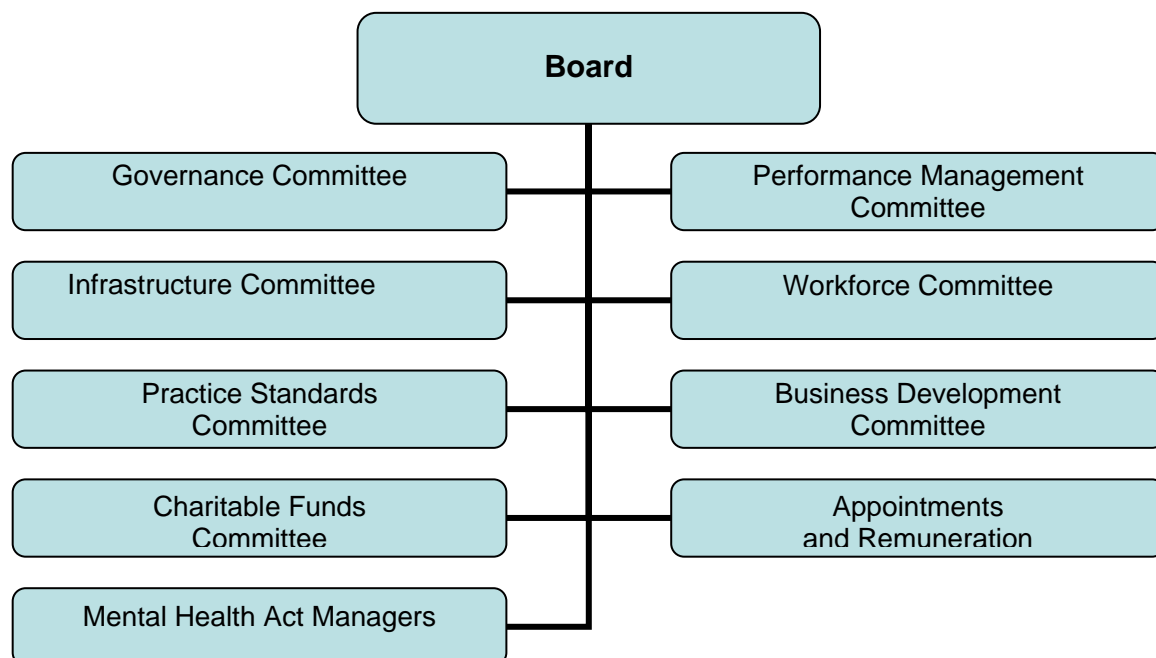
3.1. The Trust's style of operating its performance management framework will be in line with the following principles:

- Striving for the highest standards
- Ensuring that individuals and teams have explicit objectives agreed with them.
- Seeking to avoid shortfalls in performance in the first place through effective planning and preparation, and through clear instructions and training.
- Identifying and addressing shortfalls in performance at an early stage
- Encouraging self-evaluation and self-improvement at every level in the organisation, and providing clinical practitioners the information necessary to self-manage performance.
- A firm but fair approach to managing poor performance
- An open and honest approach to dealing with problems
- An emphasis on learning from mistakes rather than blaming
- Recognising good performance as much as highlighting poor performance

4. The Role of the Trust Board and its Committees

4.1. The Board of Directors of the Trust has a central role in the management of the performance of the Trust, and the Board should have good control over all the Trust's activities and its performance. The role of the Board and its sub-committees is described in detail in the Governance Policy.

A summary diagram of the structure is shown below.



4.2. In order to undertake its role in performance management, the Board of Directors needs to ensure that it receives the necessary information to undertake this task. The Board is assisted in this task by the Schedule of Board

Reporting, monthly Performance Reports and a monthly dashboard of Key Performance Indicators.

The **Schedule of Board Reporting** provides a framework to ensure that a full range of key issues are considered by the Board in a systematic way. The Schedule of Board Reporting also helps to ensure an appropriate focus by the Board on service quality issues.

The monthly **Performance Report** to the Board has been revised to include a more comprehensive set of **Key Performance Indicators** (see appendix 1). Wherever possible, Key Performance Indicators (KPIs) are established for all key targets and standards. The KPIs, together with other performance reports allow the Board to evaluate whether the Trust is meeting national and contractual standards and targets, operates efficiently and effectively, and continuously improves the quality of its services

The whole set of KPIs is reviewed regularly by the Performance Management Committee, and specific sub-sets of KPIs are monitored by the other Board Committees to ensure a more detailed focus on performance improvement within the areas of responsibility of each of committee.

5. Management Structure and Accountabilities

- 5.1. The Executive Team management structure and key lead responsibilities are shown in the diagram below.

Chief Executive

- Strategic leadership of organisation's Executive team
- Developing strategic vision of the organisation
- Developing the culture of the organisation
- Managing external relationships
- Accountable Officer
- Estates strategy
- Infrastructure Committee

Medical Director

- Leadership
 - Professional
 - Advice to Board
- Education
 - Undergraduate
 - Postgraduate
 - Training grades
 - Career Grades
 - Consultants
- Assurance (Safe practice)
 - Appraisal
 - Re-licensing
 - Revalidation
 - Conduct/Performance
- Practice Development
 - Modernising Medical Careers
 - New Ways of Working
 - Working Time Directive
 - Research & Development
 - Clinical Audit
- Data Protection
 - Caldicott Guardian

Director of Nursing, Social Care & Therapy

- Clinical Governance
- Nurse training & education links
- Board representation of AHPs & Social Care Professions
- Infection Control
- Professional Leadership
- Mental Health Act Managers Committee
- Patient & Public Involvement
- PALS, users & carers
- Complaints
- Health Records
- Emergency Planning
- Patient Environment - domestic, catering
- Practice Standards Committee

Director of Finance

- Financial Accounting
- Management Accounting
- Treasury Management
- Costing
- Charitable Funds
- Management of SLA/ Contract
- Internal and External Audit
- Capital expenditure
- Information Technology
- Standing Financial Instructions
- Counter Fraud
- Implementation of Connecting for Health

director of Corporate Governance/Trust Secretary

- Overall Governance leadership
- Co-ordination of Risk Management
- Standards for Better Health
- Assurance Framework
- Information Governance
- NHSLA standards
- Litigation/Legal Complaints
- Security
- Human Rights
- Governance Committee
- Liaison with PPI Forum
- Liaison with Health Overview and Scrutiny Committee

Associate Director of Human Resources and Organisational Development

- Recruitment
- Medical Staffing
- Training and Education
- Workforce Development & Information
- Employee Regulations
- Equal Opportunities/ Diversity
- Health and Safety
- Occupational Health
- Workforce Committee

Associate Director of Business Development and Performance

- Strategic and business planning
- Performance Management
- Information Management
- Business Development
- Marketing
- Internal & external communication
- Membership development
- Commissioning & Partnership Boards
- PPI Service change and planning
- Performance Management Committee
- Business Development Committee

5.2. This management structure is currently under review, but the following principles will be followed in the creation of the new structure:

- Lead responsibilities for all the key areas of the Trust's responsibilities will be allocated clearly amongst executive directors
- Where appropriate, managers supporting executive directors in the delivery of these responsibilities will be identified, so that lines of accountability are made clear. This will also afford the opportunity to check that the Trust has the appropriate management capacity and skills to meet the requirements of the identified responsibilities.
- Each directorate and department will have a diagram identifying its management structure, and structures will be clear about clinical leadership arrangements.
- Lead responsibilities for the main Trust strategies and plans are identified in the Trust's Planning Policy, and these will also be revised in the light of the new management structure. The designated leads will be responsible for the implementation of plans, and for ensuring that progress is monitored and action taken to address problems.

6. Decision Making Structures

6.1. The Board reviews the structure of its decision-making committees from time to time to ensure that there are clear lines of reporting and to streamline the structure as appropriate. A diagram summarising the structure of sub-committees is maintained by each Board Committee and each Directorate maintains a diagram summarising its committees. Clinical practitioners are incorporated into committees at every level as appropriate in order to ensure that decision-making is informed by the clinical perspective.

7. Objective Setting

7.1. The Annual Business Plan summarises the Trust's key objectives for the forthcoming year. The processes for developing the Annual Business Plan are described in the Planning Policy.

7.2. The Annual Business Plan is under-pinned by Business Plans for each Care Group. These plans summarised the key objectives for the forthcoming year.

7.3. Objectives from the Care Group Business Plans are then cascaded to Teams within each care group.

7.4. Alongside the objective setting process for Directorates and Teams, sits a system for setting and monitoring objectives for individuals. The individual objectives of Board members are set by the Chairman and Chief Executive and objectives of Executive Directors are approved at the Remuneration and Benefits Committee. The objectives of Executive Directors cover all the main targets of the Trust, and objectives are then cascaded throughout the organisation via lines of accountability. Each member of staff has an appraisal each year, and as part of this process, objectives are agreed for the forthcoming year.

7.5. The number and nature of objectives will vary significantly according to the individual's seniority and role. Objectives aim to be challenging but achievable,

and cover the areas of quality, activity and financial performance as appropriate.

- 7.6. The objectives set for teams and individuals will include the Trust's key targets and standards, including the Key Performance Indicators. Objectives will be specific and measurable and identify criteria for success and timescales.

8. Performance Management of Objectives and Operational Performance

- 8.1. The main systems for monitoring progress and creating performance improvement are summarised in the tables below. The way in which this system is cascaded down through every level of the organisation is illustrated in appendix 2.

Trust-wide Performance Management of Objectives and KPIs

Objectives/KPIs	Performance Review Lead	Frequency
Trust Business Plan and Progress with Objectives	Performance Report and Scorecard to the Trust Board and Performance Management Committee	Monthly
	Trust Annual Report	Annual
Trust-wide Key Performance Indicators	Scorecard to the Trust Board, Performance Management Committee and other relevant Board Committees	Monthly
Service and Corporate Strategies and Action Plans	Progress reports to Board and relevant Board Committees	Monthly
Internal or external audit reviews and clinical audits in areas of identified weak performance	Reported to Governance Committee and Practice Standards Committee as appropriate	On completion of audits
Significant Developments and Risks	Updates on key issues in the Chief Executive's report to the Board	Monthly

Directorate Performance Management of Objectives and KPIs

Objectives/KPIs	Performance Review Lead	Frequency
Care Group Business Plans and Key Performance Indicators	Chief Executive's Performance Review Meetings - reviews of each care group performance. Results to Performance Management Committee and Board.	Monthly
	Integrated Service Reports to Directorate Management Boards	Monthly

Team Objectives and Key Performance Indicators	Integrated Service Reports to Teams	Monthly
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Performance Management of Individuals

Objectives/KPIs	Performance Review Lead	Frequency
Executive Team individual objectives	Appraisals and line management meetings with Chief Executive.	Annual Monthly or as agreed
	Annual review by Remuneration and Benefits Committee	Annual
Objectives of individuals throughout the Trust	Appraisals Regular meetings with line manager	Annual Monthly or as agreed

9. Information Management

Vital to the success of effective performance management is the provision of accurate, useful and timely information.

As described above, objectives will be specific and measurable, and KPIs will be used to assist the Board and managers to secure a broad overview of performance.

Benchmarks will be used where possible to enable performance to be compared against others – both internal to the Trust and comparison with regional and national benchmarks.

Information will also show trends in performance in the following areas.

- Finance
- Business developments
- Quality
- Experience and satisfaction of users & carers

Where appropriate, forecasts of performance will be made e.g. activity projections, and performance will be measured against the plan.

A wide range of information is available to inform performance management in the form of surveys, audits and inspection reports, and these will be utilised to build a picture of where the Trust should focus its efforts to improve performance, and to measure progress.

These sources of information include;

- Annual patient survey
- Annual staff survey

- Internal Audit reports
- External Audit reports
- SHA reviews
- Clinical audits
- Healthcare Commission Improvement Reviews
- Mental Health Act Commission reports
- Joint Inspection Reports

Information about operational performance will provide an accurate and balanced picture of current and recent performance. Reports will focus on the key issues and risks and highlight exceptions.

10. Conclusion

This policy provides a framework for performance management for the Trust. The framework will continue to evolve and develop, and will be adapted to meet the requirements of Monitor once the Trust becomes a Foundation Trust.

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

KEY PERFORMANCE INDICATORS

Performance Indicators	Required Standard	Score	Stretch Target	Score	Commentary	Action
<ul style="list-style-type: none"> ○ Performance Indicator Set <ul style="list-style-type: none"> ▪ Key Measures <ul style="list-style-type: none"> • Mental Health Minimum Data Set implementation • Drug Misuse – 12 week retention rates • Inpatient Ethnic data quality • Suicide rate • 7 day follow up • Complaints resolution completed within 20 working days • Data Protection completion within 40 days • Freedom of Information within 20 days 						
<ul style="list-style-type: none"> ▪ LDP Performance <ul style="list-style-type: none"> • Assertive Outreach trajectory • AOT key fidelity measures • Crisis Intervention trajectory • Crisis key fidelity measures • Number of admissions to inpatient units not assessed by Crisis Team • Early Intervention trajectory • EIS key fidelity measures • EIS DUP rate 						

Performance Indicators	Required Standard	Score	Stretch Target	Score	Commentary	Action
<ul style="list-style-type: none"> ○ Public Sector Agreement Targets: <ul style="list-style-type: none"> ● Transition arrangements between age related services. ● Employment of community development workers. ● Suicide Audit ● Infection Control ● Obesity ● Smoke free NHS. 						
<ul style="list-style-type: none"> ○ Patient Experience <ul style="list-style-type: none"> ▪ Inpatient Demand and Capacity <ul style="list-style-type: none"> ● Bed utilisation measures ● Delayed transfers of care ● Unplanned readmissions to inpatient units ● MHA usage 						
<ul style="list-style-type: none"> ▪ Access and Choice <ul style="list-style-type: none"> ● Time from referral to assessment 						
<ul style="list-style-type: none"> ▪ CPA Performance <ul style="list-style-type: none"> ● Patients with copies of their own care plan (Enhanced Level) ● Care Programme Approach: Profile ● Average and maximum duration between CPA reviews – Enhanced and standard ● Carers assessments 						
<ul style="list-style-type: none"> ▪ A&E Liaison Performance <ul style="list-style-type: none"> ● Waiting time for psychiatric bed once a 						

Performance Indicators	Required Standard	Score	Stretch Target	Score	Commentary	Action
<ul style="list-style-type: none"> decision to admit has been made • Total waiting time for patients with mental health problems 						
<ul style="list-style-type: none"> ▪ Patient Survey action plan progress • Needs further discussion 						
<ul style="list-style-type: none"> ▪ Progress against Cornwall LD action plan • Needs further discussion 						
<ul style="list-style-type: none"> ▪ NTA data • Number of people in treatment • Retention rates • Waiting times for specialist prescribing • Successful completions 						
<ul style="list-style-type: none"> ○ Activity Based Contracts ▪ Occupied beddays by service ▪ Community Caseload ▪ Community Contacts 						
<ul style="list-style-type: none"> ○ Workforce ▪ Establishment ▪ Vacancy rate ▪ Sickness rate ▪ Turnover ▪ Bank/agency/overtime used ▪ % staff with appraisal and PDP within last 12 months ▪ % staff compliant with mandatory & statutory training requirements ▪ Number of posts vacant for more than 3 months 						

Performance Indicators	Required Standard	Score	Stretch Target	Score	Commentary	Action
<ul style="list-style-type: none"> ○ Key Finance Measures <ul style="list-style-type: none"> • Budget versus Actual • Forecast Outturn • Income versus Accruals • % away from 1/12ths • Agency Expenditure • Savings plans • Reference Cost Position 						
<ul style="list-style-type: none"> ○ Outcome Measurement <ul style="list-style-type: none"> ▪ Summary ▪ Outcomes for Psychological Therapies 						

DIAGRAM SHOWING PLANS AND PERFORMANCE REPORTS AT DIFFERENT LEVELS IN THE ORGANISATION

