A Review of Provider Performance Management within NHS East Lancashire Clinical Commissioning Group

by

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Summary

This dissertation looks into the performance management systems within NHS East Lancashire CCG in terms of perceptions, its utility and the engagement of providers. This is undertaken through reviewing the literature associated with performance management systems and developing a conceptual framework on which to undertake the research.

Three key methods: Data Line Analysis; Self-Completion Questionnaires; and Semi-Structured Interviews were undertaken, from a cross-section of the organisation, to elicit findings.

The findings of these methods of research were analysed. The results illustrated that there was clear demonstration of elements of good practice in relation to performance management however there was also clear indication of a lack of a clear unambiguous and well defined process. In addition the findings illustrated key concerns in relation to engagement and awareness of performance management across the organisation specifically linked to a lack of communication along with a lack of actions being taken with some providers around performance management issues.

As a result of the findings of this research it is recommended that NHS East Lancashire CCG: implements a revised organisation wide performance management system; develops a bespoke communications and engagement
strategy for performance management; reviews internal process within the CCG and CSU teams to ensure awareness and understanding of roles and responsibilities along with accountability arrangements and; also ensures clear focus on provider performance within the Director of Performance and Delivery's 1:1s with key senior commissioning leads. In addition it is recommended that a performance management workshop is held to share the revised approach with all staff and providers. An implementation plan has been developed to support achieve those recommendations.
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Chapter 1 - Introduction
This dissertation will provide an overview of the context of proposed research into performance management and stakeholder perception within NHS East Lancashire Clinical Commissioning Group. This will include detailing a number of key areas, these being: defining the organisation on which the research question will be applied; outlining the author’s role within the organisation; identifying the organisational context; stipulating the strategic significance of the proposed research topic; and the development of the research question and objectives.

To that end, this dissertation’s author is the Business Assurance and Risk Manager, and Operational Lead for Emergency Planning, Resilience and Response, within the NHS East Lancashire Clinical Commissioning Group (CCG). This role manages the risk and Governing Body assurance process for the CCG, coordinates the cost improvement schemes within the organisation and is a central point for corporate advice and support. In addition, and more importantly, it manages and ensures the development of performance related documentation and the provision of organisation wide assurance. This process provides assurance against organisational objectives, the needs of the population and also the expectations of the wider NHS in terms of their strategic oversight. Figure 1.1 below shows the organisational structure with the authors area of work expanded.
The East Lancashire CCG commissions health services for the population of East Lancashire. This includes hospital based health services, community based services, Out of Hours provision and Urgent Care services. East Lancashire has a population of just over 371,000 and covers five localities: Burnley; Pendle; Rossendale; Hyndburn and Ribblesdale. As the organisation is required to ensure the delivery of high quality, safe services for its local population, and is also part of the National Health Service, they are accountable to both the local population and the NHS as a whole.

Prior to their formation in 2013, much larger organisations, Primary Care Trusts, existed which had within them multiple segments of activity. As part of the health care reforms the majority of those segments were merged with other
back office level functions from across the region. Therefore, such led to the creation and enactment of Commissioning Support Units (CSU). These are now separate entities providing services over larger footprints. The CSU which currently serves East Lancashire CCG is the Midlands and Lancashire CSU. This newly developed entity provides support services to over 30 CCGs across England. This organisation now houses, amongst others, the CCG’s quality assurance, contracting, data analysis and activity monitoring services.

As part of the health care reforms, as proposed via the Equity and Excellence: Liberating the NHS White Paper (Department of Health, 2010), and later enacted through the Health and Social Care Act 2012, CCGs were given assumed liberty which provided an element of freedom and the ability to commission services which the population needs as opposed to providing nationally prescribed services. However this came at a price with the need to be able to demonstrate its achievements to their stakeholders, whilst also providing upward assurances to NHS England against key national objectives.

Given the role of the CCG and its accountabilities, as described above, there is need for robust performance management and the provision of assurance. This would ensure that commissioned providers are monitored and that quality, patient safety and efficiency are a demonstrable output of the valuable work which is undertaken. A key challenge for the organisation is the way in which providers engage with the process and also how the data collection, analysis and quality assurance takes place within a remotely located organisation.
Currently the performance management function is coordinated through the CSU arrangements as previously described, therefore it could be questioned whether the performance management function is as robust as it could be with this sitting outside of the organisation.

Therefore it is the author’s view that a detailed understanding of current performance and assurance systems is required. This should also include stakeholder perception which has a key impact on how the CCG is perceived and how it demonstrates its success.

In terms of organisation, the CCG is a relatively small organisation for the size of population it serves, with only 88 directly employed staff. There are numerous discrete functions, however it is the overarching organisation wide context on which the author will undertake this review. This will allow a system wide review of performance and assurance systems and a detailed understanding of how they, and the CCG, are perceived and deliver against their objectives.

Consequently, the need to manage the performance of providers is extremely important to the CCG and holds a great deal of strategic significance as the organisation is directly accountable to the local population and the wider NHS. It enables the organisation to demonstrate achievement of its Integrated Strategic Plan, how it is protecting the public purse and how it improves the health of the population. The Integrated Strategic Plan details that a key
element of the organisations role is to manage performance across the system to support the delivery of high quality services. The plan also highlights that the organisation will commission, maintain or de-commission based on “assessing outcomes, including quality, safety, patient experience and value for money.” (East Lancashire Clinical Commissioning Group, 2013. p.34.) How the organisation delivers this performance management system and provides assurances is of critical importance and should be managed appropriately.
Research Questions and Objectives

Given the above context, in relation to the accountability and the role of the CCG, including the potential disparate process for system control, this dissertation has developed the following research question and objectives to enable a critical evaluation of the current position.

Research Questions

How are the performance management and assurance systems of the CCG commissioned services perceived? And, how are they utilised and what are the implications for commissioned services in engaging with this approach?

Objectives

Accordingly, the following pertinent research objectives arise:

- To investigate internal perceptions in relation to provider performance management.
- To critically evaluate the utility of the performance management and assurance seeking systems within the CCG.
- To understand the implications for providers of engaging in such a system.

This dissertation is therefore intent upon undertaking a detailed understanding of the intricacies of performance management and stakeholder perception which will allow the CCG to transform the way in which it provides assurances against its accountabilities. The following chapter will review the literature in this area before developing a conceptual framework on which to undertake the research.
Chapter 2 - Literature Review

This chapter details the findings of a review undertaken of the literature relevant to the theme within the research question and objectives, the theme being performance management systems. Due to limitations of space the dissertation briefly details the key elements of a performance management system which are highlighted within the literature. This includes the authors which highlight the particular elements significance. Following this the individual elements are reviewed in support of the development of the conceptual framework.

As the research considers the perception of employees thought was given to reviewing this as a separate entity. Due to a lack of available relevant literature on the subject, and more importantly as it is inextricably linked to the core elements of a performance management system, this dissertation will incorporate employee perception under the performance management system umbrella.

This research is being undertaken on an NHS organisation, literature on performance management systems and/or stakeholder perception more clearly linked to the NHS or public sector organisations are prioritised. Finally it concentrates on those articles/journals recently published, primarily to enable a more contemporary understanding and to reflect changes to the NHS which took place following the Health and Social Care Act 2012.
**Performance Management**

To ensure a detailed understanding of terminology, and to ensure focus is provided on organisational performance management systems and not that purely of individuals, the following working definition of the term performance management has been used. Performance Management systems are defined as a “process by which the company manages its performance in line with its corporate and functional strategies and objectives.” (Bititci et al., 2007, p.523.)

As a result of the literature review of performance management systems the detail within table 2.1 below are the broad themes and common key elements which support the development/success of performance management systems in their widest sense. The summary, in terms of themes, is based on the work of Franco-Santos et al. (2012) and has been used as a framework although additional elements have been added which are more relevant to the research questions and the organisation.
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Table 2.1 Performance Management System themes, elements and key authors.
The key elements detailed above in table 2.1 will now be explored in more detail as to their linkages with the organisation on which this research proposal will be applied. Within this review comment will be made as to its utilisation within the conceptual framework.

**Behaviour**

Within this theme are the elements of strategic focus; cooperation, coordination and participation; motivation; citizenship behaviours; role understanding and job satisfaction; decision making, learning and self-monitoring; leadership and culture; satisfaction; perceptions of subjectivity, justice and trust; and judgement biases.

With the exception of cooperation, coordination and participation, judgement biases and conflicts and tensions the remaining elements are clearly related to individual behaviours or impacts. Given this fact, and also that the key emphasis of this review is on the performance management system of the organisation as a whole these elements will be immediately rejected from further consideration for inclusion in the conceptual framework. This is not to dismiss the obvious impact of those elements on wider performance however this would move the focus to the human resource aspects which are not directly relevant to the research question. The remaining elements will be further reviewed as to their suitability for inclusion within the conceptual framework.
Cooperation, coordination and participation

The two key pieces of research in this area were undertaken by Mahama (2006) and Cousins et al., (2008). These found that performance management processes supported the development of constructive working relationships within a buyer/supplier based system. Cruz et al. (2011) also supports this view of enabling cooperation and involvement in supporting performance management.

When considering the participation of suppliers in the performance management system there is a need to consider the integrity of the data provided which Bititci et al. (1997) suggest should be undertaken through the development of a process of auditing the system including the source and validity of that data.

As the key focus of the organisation on which this research proposal is to be applied requires the cooperation and participation of its providers to support and input into its performance management system this element will be taken forward into the conceptual framework.

Judgement Biases

The work of Lipe and Salterio (2000) highlights that there is likely to be judgement bias in regard to the evaluator of the performance element which will impact on the perceived performance against a specific measure. Taylor (2010)
argues, however, that the element of judgement bias could easily be argued in the selecting of strategic initiatives in the first place, somewhat weakening the argument. Especially if tools to manage judgement bias within performance management were initiated as detailed by Libby et al., (2004) who suggest providing evaluators with the full detail (i.e. strategic objectives and other related knowledge) to explain and reduce the questions around validity and usefulness.

This is a key element to any organisation in terms of ensuring the lack of bias and ensuring integrity of the system however this element will not be taken forward into the conceptual framework as the organisation on which the research proposal is to be applied, and the NHS as whole, has rigorous systems and processes in place to ensure the accurate recording and reporting of data therefore reducing the impact of judgement bias. This is also supported through the implementation of national performance measurement processes for each of the organisations key objectives and its individual performance elements. In relation to the KPIs which are managed through the performance management process these are influenced by the dominant political power of the time. However the KPIs themselves are not the focus of the research and therefore this would not require inclusion within the conceptual framework in this regard.
Organisational Capabilities

All elements under the organisation capabilities theme will be reviewed further below with comment as to their inclusion in the conceptual framework.

Strategy processes: alignment, development, implementation and review

The authors detailed within the strategy processes section of table 2.1 above all acknowledged the key linkages between strategy, and its intrinsic processes, and the performance management system, however the influence which they have on each other is “shaped by the cognitive limitation of managers.” (Ahn, 2001 p.443.) This does not necessarily have a negative impact on the links between strategy and the performance management system but identifies that managers need to ensure that there is direct correlation between the objectives of the organisation and the performance management process.

Stankard (2002) does allude to issues in terms of performance management and delivery of strategy in that they suggest leaders can have a significantly negative impact on an organisation’s performance if they are not totally engaged.

This element, or ensuring the strategic alignment of all elements within the performance management process, are linked to strategic objectives, is of critical importance to the organisation, and as this element is inextricably linked to the research objectives this element will be taken forward into the conceptual
framework but will be identified as strategic alignment which is the primary focus. The research will also look at elements of engagement in the process which will include that of the leaders.

Communication

The authors referenced within the communication element within table 2.1 have highlighted the positive effects of communications in relation to the performance management process. Within this they include both the internal and external communication arrangements. However research by Malina and Selto (2001) found that communication around performance management processes was not supportive and had a negative impact. This was primarily due to the perceived intention of the performance management system being used for control and evaluation purposes. Franco-Santos et al. (2012) highlighted the positive benefits of communications provide two communications existed to enable the sharing of knowledge, enabling trust and avoiding resistance.

Although there is a wealth of literature which details the clear benefits of communication in relation to performance management Stankard (2002) does highlight that organisations, specifically their leadership, need to be aware of the communication needs of the organisation to support achievement of performance. There needs to be clear communication of strategy and intended outcomes. There also needs to be clear upward communication in terms of performance status and actions.
Communications is of critical importance to the effect of the performance management system within any organisation, none more so within the organisation on which the research proposal will be applied due to the performance management system being managed via an external organisation and incorporating numerous performance elements from numerous providers and due to its accountability to the population of East Lancashire. For these reasons this element will be incorporated into the conceptual framework.

**Strategic Capabilities**

This element relates to the correlation between the use of an effective performance management system and the strategic capabilities of an organisation. A number of authors, for example Cruz et al. (2001) and Johnson et al. (2002), identify the key capabilities linked to this as being innovation and organisational learning.

A key aim of the organisation, as previously detailed, is to improve the services provided to its population. It would fail in this regard if it was not able to innovate and learn from current practice. The role of performance management is key to both areas. To this end the strategic capabilities of innovation and organisational learning will be utilised within the conceptual framework.
Management Practices

The element details the links between performance management systems and management in terms of how, as detailed by Ahn (2001), they integrate strategy development, communication, operationalising the strategy, feedback and learning. However Wouters and Wilderom (2008) argue that performance management processes may not be effective in terms of management unless they are linked to employees and their willingness to improve. Although this may be true it is quite clear from the literature that performance management systems are effective tools for management to enable the monitoring of performance against strategy. This is of significant importance to the organisation on which this research will be applied and therefore will be utilised within the conceptual framework.

Corporate Control

Corporate level control of performance is of key significance to the vast majority of organisations. Cruz et al. (2011) suggests that performance management systems improve the visibility and comparability of performance at corporate level. However Kraus and Lind (2010) challenge this suggesting that performance management systems have little impact in terms of corporate control due to a perceived concentration on financial delivery alone. It is likely that this evidence is based on research within large multinational organisations where this operational level control will not be a priority. However for a locally based and focused Clinical Commissioning Group corporate control of
performance is a significant factor and will therefore be included within the conceptual framework.

**Consequences for Performance**

Following a detailed review of the elements within this theme the author has decided not to consider the elements further. In terms of organisation and business unit performance research does not clearly provide any supportive links and where those tenuous links are available these focus on financial aspects alone. In relation to team and managerial performance, even though these elements are clearly important to organisations they are not directly linked to the research objectives of the organisation on which this research will be undertaken. Finally the inter-firm performance element, although linked, research has not provided any direct link between having an effective performance management system and relationships.
Conceptual Framework
Following a review of the literature, and an analysis of links to the organisations on which the dissertation is being undertaken, the following elements of performance management systems have been taken forward to develop the conceptual framework as shown below in figure 2.1. These areas being chosen as the most pertinent both from an academic point of view and also due to their connection to the organisation in question. Further justification for the use of these elements, and the discounting of others, was detailed above.

![Figure 2.1 Conceptual Framework](image-url)
This conceptual frame will be utilised within subsequent chapters to underpin the development of the chosen research methods, provide structure and enable the comparison of literature to the findings of this research. This will allow the research to focus and draw out the salient elements to enable the dissertation to answer the research questions and objectives.

This chapter has explored the pertinent literature within the area of performance management and has developed the conceptual framework. The next chapter will detail how this will be taken forward in relation to the research philosophy, methods and strategy.
Chapter 3 – Research Methodology

This section details the process by which the research was undertaken. This includes detailing the research philosophy, the research strategy and the methods used. Explanation is also provided on how triangulation was achieved. Finally a critical evaluation of the overall research design is detailed which explains context specific constraints in undertaking this research.

Research Philosophy

Literature identified that there are predominantly three key research philosophies: positivism; interpretivism and realism which can be identified on the ontological continuum (see figure 3.1 below) which has been adapted from Morgan and Smirnich (1980, cited in Collis and Hussey, 2003).

![Figure 3.1 Ontological Continuum, adapted from Collis and Hussey (2003)](image)

Positivism is “an epistemological position that advocates the application of the methods of the natural sciences to the study of social reality and beyond.” (Bryman and Bell, 2007 pg. 730.) In essence positivism is something definite,
where control of variables is possible, where research can be replicated, is factual providing the basis for laws, where the researcher is neutral and can be externally validated.

Interpretivism (also referred to as social constructionism) is “an epistemological position that requires the social scientist to grasp the subjective meaning of social action.” (Bryman and Bell, 2007 pg. 728.) In essence interpretivism is socially constructed, in that it is based on a perception of a group or individual or through culture or practice. Interpretivism leads to a lack of research neutrality due to the social influence. Control of variables is unlikely as a result of it being open to individual interpretation, external validity is unlikely and interpretivism seeks meaning not concrete rules.

Realism is “an epistemological position that acknowledges a reality independent of the senses that is accessible to the researcher’s tools and theoretical speculations. It implies that the categories created by scientists refer to real objectives in the natural or social worlds.” (Bryman and Bell, 2007 pg. 731.) In essence realism is based on the acceptance that reality exists as opposed to being a social construct, accepts that external factors influence perceptions, identifies that individuals are not objects which can be studied and identifies the strong social forces which affect people subconsciously. On a continuum where positivism is at one end of the spectrum and interpretivism at the other, realism would be in the middle ground. There are also elements of both positivism and interpretivism in the realist philosophy.
In reviewing the objectives for this research the author identified that the references to perceptions in objective one are linked to interpretivism and performance management linked to positivism. References to performance management and systems within objective two are linked to positivism and references to evaluating the utility and seeking assurances are linked to interpretivism. In relation to objective three reference to implications is linked to both positivism and interpretivism.

Based on the above clearly demonstrating the even split between positivism and interpretivism the research philosophy chosen for this research was realism. This also being based on the research looking at actual systems and also perceptions of those systems and processes.

The utility of a realist philosophy is not only clearly linked to the objectives of the research but supports the gathering of evidence to answer the research question. This statement based on the quantitative and qualitative methods for gathering and analysing results. A positivist philosophy would look at quantitative methods, exact results, whereas interpretivism would concentrate on qualitative methods, views and perceptions. A realist philosophy allows a mixture of methods to enable consideration of both exact results and to elicit the views, perceptions and feelings of those to further develop understanding.
**Research Strategy**

Although there are a number of differing research strategies, which include; experimental, cross-sectional, longitudinal and fieldwork, this dissertation utilises a case study strategy. Bryman and Bell (2007) refer to a case study as an in-depth analysis of a single case. They detail that this can be a single organisation, single location, a person or a single event. This strategy, although often linked to qualitative research, does lend itself to both qualitative and quantitative methods and is used as such. As the research is being undertaken on a single organisation, NHS East Lancashire CCG, the utility of a case study is a justified strategy.

**Research Methods**

As detailed within the research philosophy section the realism philosophy enables the utility of both quantitative, that being related to measuring numbers (quantity), and also qualitative, being related to measuring quality, including feelings, views and perceptions. To this end three research methods were chosen to enable the collation of both quantitative and qualitative data to answer the research question.

The methods chosen were data line analysis, a self-completion questionnaire (both quantitative and therefore at the positivist end of the spectrum) and a semi-structured interview (qualitative and therefore at the interpretivist end of the spectrum). Each method will be taken in turn and explanation given as to its utility and explaining how triangulation has taken place and identifying issues relating to validity and reliability. Within the research design section a further
review of the generic strengths and weaknesses and the contextual strengths and weaknesses of these methods along with outlining sample size, sample criteria will take place.

**Data Line Analysis**

Douglas (1995) explains that data line analysis is a rudimentary yet effective quantitative method of data collection. It involves the ranking of a series of predefined statements. It is highly effective in highlighting key themes or issues within the organisation.

A key consideration in utilising this method has been the number of statements. Too high a number can cause the data analysis to become unwieldy whereas too few would not allow the collection of meaningful data. A selection of eighteen predefined statements were utilised for respondents to rank in order of importance. In addition to this three blanks were provided to enable respondents to detail additional statements which may not have been previously considered. This limitation to only three potential additional statements was to ensure that this did not have a negative impact on the ability to collate and analyse the results.

Data line analysis was an ideal method to commence the research as, although it is not a sophisticated a method as others it provides clear indication on the
key areas/issues which can be incorporated and expanded upon in subsequent
methods.

Further detail in relation to the key strengths and weaknesses, both generic and
contextual, can be found within the research design review section below.

As data line analysis is an intensive process in terms of time to undertake the
task, and given that the CCG currently employs 88 members of staff, it was
neither feasible nor appropriate to sample 100% of the population. Therefore
sample criteria were used. The sample was 10 responders. This ensured
representativeness being over 11% of the CCG workforce. To ensure that this
was representative of the differing levels within the organisation a proportionate
ratio was applied to the three main levels for the organisation, these being
Executive Team level, Senior Management Team level and the remaining
workforce. From the Executive Team there were two responders, from the
Senior Management three and five from the remaining workforce. All those who
were requested to undertake this method complied with the request. A full copy
of the data line analysis can be found at appendix A.

**Self-Completion Questionnaires**

There are a number of differing types of questionnaires however a self-
completion questionnaire was chosen as it offered the most beneficial aspects.
Although not only key to self-completion questionnaires, they clearly allow
answers to be received which are directly relevant to, and provide answers in support of, the research question and objectives. They also reduce variability in terms of questions or answers as these are both predefined. Most crucially it allows, subject to process used, responder anonymity providing greater potential to elicit true viewpoints. Bryman and Bell (2007) do however detail a number of disadvantages which include the inability of the researcher in prompting, probing or asking clarifying or supplementary questions. However the most significant disadvantage is that of low response rates which Bryman and Bell (2007) identified can lead to a greater likelihood of bias in the findings.

Careful consideration was given to the number and wording of the questions as high numbers of complex questions are likely to have a negative effect on the response rate. The key elements which were undertaken to improve the potential for success with the self-completion questionnaire was to: include a clear explanatory letter with the questionnaire; not to have excessive questions; not too many different question types i.e. ranking, listing, categorisation or rating questions and clear wording of questions.

Although questionnaires can be viewed as an easy method a great amount of time and effort is required to ensure that the questionnaire is effective. This includes the need to pilot the questionnaires with a different sample than that intended for the actual research to ensure that any issues which are encountered can be rectified before issuing the final questionnaire, thus having a positive impact on response rates. For the pilot a sample of five people were
utilised both to check the questionnaire itself and also the explanatory letter which will accompany it. The feedback received from the pilot leading to the amendment and rewording of questions to aid understanding and likelihood of response.

As previously detailed the East Lancashire Clinical Commissioning Group has only 88 directly employed staff. Therefore in terms of the self-completion questionnaires sample criteria was not relevant as the sample size utilised was 100% of all staff. The questionnaire was administered via an online tool, SurveyMonkey, to ensure anonymity and ease of dissemination and completion. In relation to response rate, of the 88 directly employed staff 46 responded, this giving a response rate of 52% which, in comparison to normal response rates, is significantly higher than expected.

Further detail in relation to the key strengths and weaknesses, both generic and contextual, can be found within the research design review section below.

As with data line analysis undertaking these different research techniques in a set order has positive benefits. Questionnaires, as with data line analysis, identify further findings which the author then incorporated within the subsequent method to elicit further information, views and feelings to clarify / fully appreciate and validate the findings of the questionnaires. A full copy of the self-completion questionnaire used can be found in appendix B.
Semi-Structured Interviews

As with questionnaires Saunders et al. (2012) highlight that there are a number of different types of interview techniques: highly structured and formalised; semi-structured and unstructured. Highly structured interviews would be more akin to a researcher administered questionnaire as it would be a prescribed set of predefined questions. Unstructured interviews on the other hand could enable a more open discussion on key topics however there is the inherent risk that there will be a loss of focus and a distinct inability to find any meaning from the discussions which ensue.

With semi-structured interviews Sanders et al. (2012) note that the researcher has a list of themes/questions to pursue, some of which can be omitted depending on context and can be reordered and additional questions asked to clarify/pick up on additional points raised.

Issues which arise with the use of semi-structured interviews include interview bias, unwillingness of interviewees to fully divulge their true feelings and opinions and the length of time, and therefore cost, of undertaking them. However the benefits realised in terms of a clear understanding of interviewee feelings, opinions and issues outweigh those potential issues.

As semi-structured interviews are an intensive process in terms of time to undertake the task, and given that the CCG currently employs 88 members of
staff, it was neither feasible nor appropriate to sample 100% of the population. Therefore sample criteria were used. The sample was 10 responders. This ensured representativeness being over 11% of the CCG workforce. To ensure that this was representative of the differing levels within the organisation a proportionate ratio was applied to the three main levels for the organisation, these being Executive Team level, Senior Management Team level and the remaining workforce. All those requested to participate in the interviews complied. This led to two being interviewed from the Executive Team, three from the Senior Management level and five from the remaining workforce. The data from each interview was written down and typed up after the interview and shared with the interviewee for accuracy. The author then reviewed the results and summarised/consolidated key themes. A fully copy of the key questions/areas of focus, used within the interviews can be found at appendix C.

Further detail in relation to the key strengths and weaknesses, both generic and contextual, can be found within the research design review section below.

**Method Triangulation, Validity and Reliability**

Undertaking each of the aforementioned research techniques without undertaking triangulation and ensuring the elements of validity and reliability have been considered would have had disastrous consequences. If the three methods had been undertaken in isolation they may not fully elicit the results required to answer the research question and objectives. To this end, and as
previously explained above, each method was undertaken in the prescribed order of data line analysis, self-completion questionnaire and semi-structured interview. The data line analysis elicited key themes which were incorporated into the development of the questions within the self-completion questionnaire. Likewise the initial findings, and also any gaps, from the questionnaire response analysis were used to support the development of the key themes/questions to be used as part of the semi-structured interviews, thus each method validated the findings of the previous method to ensure validity and reliability.

To further support wider triangulation a cross mapping matrix will be developed which identifies which methods and question/elements of each method link to the conceptual framework. Thus enabling the author to ensure all elements of the research are adequately covered.

**Research Design Review**
The research design, as detailed within the previous sections of this chapter, ensure that the research question and objectives will be appropriately covered and findings available to provide definitive conclusions. However, there are a number of limitations in terms of the particular techniques chosen to undertaken this research, particularly considering the organisation on which this will be undertaken. To clearly demonstrate these potential limitations see table 3.1 below which provides detail of the method, its generic and context specific strengths and weaknesses and also issues in terms of sample size and sample criteria.
<table>
<thead>
<tr>
<th><strong>Data Line Analysis</strong></th>
<th><strong>Self-Completion Questionnaire</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic Strengths and Weaknesses</strong> (taken from Research Methods section)</td>
<td><strong>Context Specific Strengths and Weaknesses</strong></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>Simple method to develop and administer</td>
<td>Quick method for stretched staff to undertake</td>
</tr>
<tr>
<td>Quick in terms of responder time</td>
<td>Size of organisation will enable undertaking of this method on a representative population.</td>
</tr>
<tr>
<td>Cost effective, no cost implications</td>
<td></td>
</tr>
<tr>
<td>Allows development of key issues/themes.</td>
<td></td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td>Can be considered rudimentary</td>
<td>May elicit bias due to internal sensitivities</td>
</tr>
<tr>
<td>High number of statements can have a negative impact on success</td>
<td>Lack of understanding of current process</td>
</tr>
<tr>
<td>Any blanks could prove difficult to analyse.</td>
<td>Research bias could result from lack of sample criteria.</td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>Enables questions to be posed that directly answer the research question</td>
<td>Potential speed of completion will enable busy workforce to reply more easily</td>
</tr>
<tr>
<td>Reduces variability</td>
<td>Familiarity with questionnaires within the NHS should aid completion</td>
</tr>
<tr>
<td>Relatively quick to administer (once questions set)</td>
<td>Relatively small workforce known to author should have positive impact on response rates</td>
</tr>
<tr>
<td>Enables initial findings to develop themes for subsequent methods.</td>
<td>Workforce able to provide views without recrimination.</td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td>Inability to prompt, probe, ask supplementary or clarifying questions</td>
<td>Busy workforce may not prioritise questionnaire completion</td>
</tr>
<tr>
<td>Low response rates</td>
<td>Could be seen as a ‘corporate’ review and therefore cause respondents to give untrue responses.</td>
</tr>
<tr>
<td>High number of questions could impact on response rate</td>
<td></td>
</tr>
<tr>
<td><strong>Issues regarding sample size and criteria</strong></td>
<td></td>
</tr>
<tr>
<td>Semi-Structured Interviews</td>
<td>Generic Strengths and Weaknesses (taken from Research Methods section)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Strengths</td>
</tr>
<tr>
<td></td>
<td>• Flexible to accommodate contextual changes i.e. need to clarify/ask supplementary questions</td>
</tr>
<tr>
<td></td>
<td>• Enables the recording of views and feelings.</td>
</tr>
<tr>
<td></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td></td>
<td>• Potential for interview bias</td>
</tr>
<tr>
<td></td>
<td>• Unwillingness of interviewees to divulge feelings.</td>
</tr>
</tbody>
</table>

Table 3.1 Research Method Review
The overriding limitation/constraint that could have had an affect on this research was the current pressures within the organisation in terms of priorities and external pressure and scrutiny of performance. This could have both had an affect on the ability of staff to engage in the process from a time point of view and also cause reluctance in providing negative comment on a closely monitored performance management process. These issues, and those detailed above, were addressed through the provision of clear, unambiguous instruction in terms reasons, requirements use of information and assurances around anonymity. In addition in undertaking the semi-structured interviews there was the need to ensure focus on key areas of discussion. Although the majority of issues could be mitigated there remained the understanding that there still could have been issues around bias and lack of cooperation, however this was to be expected, to some extent, within a research project of this nature.

**Cross Mapping Matrix**

The cross mapping matrix below in table 3.2 was developed to ensure triangulation across all methods utilised to ensure that the research question and objectives were adequately addressed. The cross mapping matrix identifies which methods/questions cover the objectives and also the elements of the conceptual framework.
<table>
<thead>
<tr>
<th></th>
<th>DLA</th>
<th>SCQ</th>
<th>SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperation, Coordination and Participation</td>
<td>B, H, L, N</td>
<td>Q4, Q5e, Q7</td>
<td>1c, 4a</td>
</tr>
<tr>
<td>Conflicts and Tensions</td>
<td>E</td>
<td>Q5b, Q9</td>
<td>3b</td>
</tr>
<tr>
<td>Strategy Processes</td>
<td>G, P</td>
<td>Q5c, Q5d</td>
<td>2b</td>
</tr>
<tr>
<td>Communication</td>
<td>A, I</td>
<td>Q8</td>
<td>2c</td>
</tr>
<tr>
<td>Strategic Capabilities</td>
<td>F, J, R</td>
<td>Q5f, Q5h</td>
<td>3a</td>
</tr>
<tr>
<td>Management Practices</td>
<td>C, K</td>
<td>Q5a, Q5e, Q5g, Q6 a-d, Q6f</td>
<td>1a, 2a, 4b, 5</td>
</tr>
<tr>
<td>Corporate Control</td>
<td>D, M, O, Q</td>
<td>Q3, Q6e</td>
<td>1b</td>
</tr>
</tbody>
</table>

Table 3.2 Cross Mapping Matrix
This chapter outlined the process and methods on which the research will be based along with identifying the generic and contextual strengths and weaknesses of those methods along with identifying sample size and sample criteria issues and outcomes. The following chapter will review the findings of the research and provide an analysis of the results.
This chapter presents the findings of the research methods as outlined in the previous chapter. For ease of review the findings have been provided under the elements of the conceptual framework developed within chapter two and by each method utilised.

Before reviewing the key findings the general profile of responders for each research method used are shown below. Where there is a significant link between the generic profile and the responses provided, findings will further be broken down using one of the generic profiles.

**Data Line Analysis**
The generic profile data from each respondent in terms of the data line analysis method was the team within which they were based. This detail is provided below:
**Self-Completion Questionnaire**

The generic profile data from each respondent in terms of the self-completion questionnaire method was their length of NHS service and the team within which they were based. This detail is provided below:
Semi-Structured Interview
The generic profile data from each respondent in terms of the semi-structured interview method was the team within which they were based. This detail is provided below:
**Observation**
This generic profile detail could be useful when analysing specific findings in later areas however at this points clearly demonstrates that a cross section of responses have been received from within the CCG covering the vast majority of teams. It also details the length of experience and understanding across the respondents to the self-completion questionnaire. It is worth highlighting that, as the CCG is by its very nature a commissioning organisation this explains the high percentage weighting in the commissioning categories.
Cooperation, Coordination and Participation

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement of Providers</td>
<td>7</td>
</tr>
<tr>
<td>Work with Member Practices on Performance</td>
<td>13</td>
</tr>
<tr>
<td>Involving All The Organisation In The Performance Management Process</td>
<td>14</td>
</tr>
<tr>
<td>Increase Support To Providers To Deliver Performance</td>
<td>18</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Question 4

Which of the following feed into the current CCG Performance Management System?

![Bar chart showing percentages for different roles linking to the performance management system.]

- Providers
- Executives
- Clinical Leads
- Commissioning Leads/Managers
- Quality and Performance Team
- Finance
- Contracting
Question 5e

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Providers engage with the CCGs performance management approach is the statement from this overall question which links to this area. The responses received provided the following views.
Question 7

Which of the following would you implement to increase provider engagement in the performance management process within the CCG?

![Bar graph showing areas to support improved engagement in performance management]

Semi-Structured Interview

Question 1c

How does the CCG ensure adequate engagement in the process in terms of both staff and providers?

The overriding response particularly around full staff engagement in the process was that this did not exist or that it was not clear. However it was highlighted that there were fora where this could / should take place. In terms of those staff directly involved in performance management, or those at a senior level, there was the feeling that this did take place within a number of groups, for example...
the monthly Senior Management Team meeting which has recently been instigated to formally review provider performance, the Local Delivery Group which includes key influential CCG leaders and clinicians where a performance report is provided and the CCG Governing Body which includes the strategic leaders of the CCG which also receives a performance report. In addition it was highlighted that there were contracting, finance and quality groups internal to the organisation where members of staff reviewed performance. However there was some question from a small number of interviewees as to their success / purpose with one referring to the processes paying ‘lip service’ to the performance management philosophy.

In regard to provider engagement a large number identified that there were structures in place to undertake this engagement, predominately via quality and contracting meetings. However there was comment that provider engagement either was not taking place or was not working effectively.

There was both a desire to improve engagement and also clear evidence of pockets of good practice but this was viewed as not being consistent across the organisation.

*Question 4a*

What are the implications for providers in engaging in the Performance Management System?
Overall there was identification of both positive and negative implications for providers in engaging with the performance management system. However there was comment from a number that it was felt that, where the implications were negative and performance was poor, actions were not always taken to remedy the issues. There was also comment regarding the disparity between the size of providers and the perceived actions, for example it was suggested that the larger providers were not held to account where there were greater implications perceived for the smaller organisations. In terms of the positive and negative implications of engagement these were as detailed below.

<table>
<thead>
<tr>
<th>Positive Implications</th>
<th>Negative Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved patient experience / care (through improved efficiency and quality)</td>
<td>• Fear of repercussions</td>
</tr>
<tr>
<td>• Financial gains / incentives</td>
<td>• Set up to fail</td>
</tr>
<tr>
<td>• Potential to manage issues locally</td>
<td>• Perception of increased workload</td>
</tr>
<tr>
<td>• Sharing of risk</td>
<td>• Closer scrutiny</td>
</tr>
<tr>
<td>• Mutual support especially with external regulators</td>
<td>• Potential to decommission</td>
</tr>
<tr>
<td>• Improved partnership working / Team working</td>
<td>• Improvement notices issued</td>
</tr>
<tr>
<td>• Enables trends to be captured</td>
<td>• Penalties / sanctions (could result in destabilising organisations)</td>
</tr>
<tr>
<td>• Increased communications</td>
<td></td>
</tr>
<tr>
<td>• Early warning</td>
<td></td>
</tr>
<tr>
<td>• Be held to account against NHS Constitution</td>
<td></td>
</tr>
<tr>
<td>• Quicker resolution of issues</td>
<td></td>
</tr>
</tbody>
</table>

There was comment from two interviewees that having a clearly defined system and approach in place would support realisation of the potential implications for providers in engaging with the process.
**Observation**
The data line analysis highlighted that engaging with providers was important however it was not given sufficient high ranking, with the exception of ‘Involvement of providers’ which was ranked 7/18. Although this statement was ranked relatively high ‘involving member practices’ i.e. GP surgeries across the patch, was not given priority (13/18). Engaging with the entire organisation was also ranked 14/18. In terms of the increased provision of support to providers this was ranked 18/18.

The three questions which covered this area from the self-completion questionnaire identified that there was a key understanding of those teams and individuals that feed into the performance management approach. Although the vast majority felt that all those listed fed into the process, of those that did not only a small proportion felt that executives were involved and the involvement of clinical leads was lower still. The latter has been a comment that has been made previously in that, although we are a clinical commissioning group there is a perception that the clinician input into this is not always consistent. In relation to the question regarding perception around the engagement of providers in the performance management process there was clear agreement (over 45%) who agreed however there was also c36% who disagreed or strongly disagreed.

The final question linked to this area was potential improvement methods for provider engagement. Almost 80% of respondents highlighted that a collaborative approach would be the most appropriate method to improve engagement with 50% also favouring implementing contractual penalties. Within the comments section within question 10 there was suggestion that the CCG needed to engage more with service users around the performance of its
providers also highlighting that a risk sharing approach could be a positive method to improve engagement. Finally there was a suggestion that much more joint working was required.

In relation to the semi-structured questionnaires there was real commitment and a desire for engagement with both staff and providers however there was the overriding view that this was either none existent or was not clear to all. Having said that there were structures and processes alluded to which do / could be the conduit for engagement but still with some query regarding whether this actually took place.

In terms of implications for providers in engaging with performance management there was a whole range of positive and negative implications provided however there was some concern that, although there were negative implications suggested to providers, it was felt that actions being taken to rectify issues of poor performance were rarely taken.

Overall there was a great deal of positive views and feelings regarding key areas of cooperation, coordination and participation i.e. the engagement and linkages between various stakeholders. However there were key areas of negative views particularly regarding the lack of robust and consistent engagement and a perceived lack of consequence.
Conflicts and Tensions

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having Difficult Conversations to Improve Performance of Providers</td>
<td>8</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Questions 5b

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Performance issues are flagged and actions taken as a result was the statement from this overall question which links to this area. The responses received provided the following views.

![Performance Issues are Flagged and Actions Taken](image)
**Question 9**

What is your view regarding how the CCG manages conflicts/tensions with providers in relation to performance management?

![Perception on the Management of Conflicts/Tensions](image)

**Semi-Structured Interview**

*Question 3b*

How does the CCG manage conflicts and tensions with providers around performance management?

The general consensus is that the CCG does not currently manage conflicts and tensions with providers well. However there was clear feeling that there are pockets of excellent management within some areas of the organisation. There is also a clear view that the existing system is going through a period of positive change following the appointment of a new director. There is the hope that the ‘clunky’ systems in place can be streamlined to improve the process. There is identification of clear structures and process for this area however whether
these are as robust is questionable with comments made such as it is the ‘tail wagging the dog’ and we ‘lie down and let them tickle our belly’ being the perception of a few. With others arguing that we do tackle poor performance but with the perception that we may focus on smaller contractors.

**Observation**
The data line analysis highlighted that the statement provided around having difficult conversations to improve provider performance was quite a high priority given an overall ranking level of 8/18 with two responders flagging this as third most important.

The self-completion questionnaire elements linked to this were around performance issues being flagged and actions taken. Over 55% of responders strongly agreed that this took place with just over 20% either disagreeing or strongly disagreeing. Also the other related question was regarding perception of the management of conflicts and tensions. Fewer than 45% of respondents felt that it was good with just under 35% feeling that it was poor or very poor.

The analysis of the semi-structured interview questions highlighted areas of positive work but with perceived inconsistency across all areas of the organisation. There is the perception that we have the tools and techniques to manage conflicts and tensions but rarely use them to the organisations advantage.
Strategy Processes

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link Performance Delivery to Strategy</td>
<td>12</td>
</tr>
<tr>
<td>Links Between Departments i.e. Finance, Contracting, Commissioning etc.</td>
<td>6</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Questions 5c

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Performance management system is integrated into CCG business is the statement from this overall question which links to this area. The responses received provided the following views.
Questions 5d

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Performance management system is linked to organisation strategy is the statement from this overall question which links to this area. The responses received provided the following views.

![Bar chart showing responses to the question](chart.png)

Semi-Structured Interview

Question 2b

How does the performance management system link to CCG strategy?

There is a general view that the performance management system does not link to CCG strategy. However three respondents demonstrate a clear link between the CCG objectives, its plans and the performance of its providers. The remaining respondents did not have that same viewpoint with a number...
questioning the adequacy of the current strategy / plans as these were produced for a specific purpose at a particular point in time. One comment highlighted that the strategy did not feel transparent enough to be able to link directly to the performance management system. There was positive comment regarding the potential scope of improved linkages along with identifying that the performance management system should enable key areas of focus to be identified to feed into the strategy process. In addition text provided in question 10 of the self-completion questionnaire highlighted a need to share vision both between and within organisations to ensure key linkages to organisational objectives.

**Observation**
The results from the data line analysis did not rank the link between performance delivery to strategy high, giving it 12/18. The statement regarding linkages between areas of the organisation was given an overall ranking of 6/18 identifying this as being needed as a central part of the strategy going forward.

The two questions form the self-completion questionnaire linked to this area strongly identified that there was general agreement that performance management linked to organisational strategy and also that it was integrated into CCG business. However there was also a high percentage (20+% for each question) which disagreed / strongly disagreed that these links / integration existed.
The findings of the semi-structured interview correlated the latter mentioned negative findings of the self-completion questionnaire with the majority of interviewees highlighting a lack of clarity regarding the links, together with broader comment regarding the adequacy of the current strategy.

In general there was agreement that linkages were of importance to the performance management system but that the linkages were not, in the main, clear. Also integration within day to day work was a potential issue.
Communication

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement With Clinicians</td>
<td>10</td>
</tr>
<tr>
<td>Internal Communications on Performance</td>
<td>4</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Question 8

How effective in your view are the communication practices around the performance management process?

[Pie chart showing perception on internal communication practices]

Semi-Structured Interview

Question 2c

How and with whom does the performance management system communicate internally within the CCG?
In the main there is general consensus that, in terms of CCG wide communications around performance management, there is very little that takes place. However a number did suggest internal mechanisms where wider staff communications around performance management do take place. Given that the vast majority did not mention these methods and did not feel that an appropriate level of detail was being communicated it could be suggested that these are not being fully and regularly utilised.

A number of interviewees clearly mention fora where this communication takes place specifically in terms of committees and governance structures where, it may be perceived, that only those at the meeting will receive the information. There was some awareness of reporting documentation presented to groups and committees but comment that a more visual, easy to understand approach would aid communications. There was also the acknowledgement from two interviewees that the CCG had developed an intranet system which is currently underutilised and would be an ideal conduit for information/data sharing. There was also comment that performance data is received if it is requested but the feeling is that there should be a regular flow/access to a wide range of performance data. In relation to communications to clinicians, whether that is CCG employed or member practices, the perception is that communication to this cohort is sporadic.

Observation
In terms of data line analysis communications with clinicians received an almost midpoint ranking of 10/18 with the statement regarding internal communications
on performance receiving a high ranking of 4/18. This demonstrating a clear need / desire for communications to be a key feature of the performance management system.

The question linked to the self-completion questionnaire assessing views of effectiveness of communications regarding performance management unfortunately found that almost 40% of respondents thought that it was poor with a further 6% identify this as very poor. Just over 35% identified this as good with a relatively large number (almost 20%) having no view in this area.

The semi-structured interview question linked to this area showed consensus that internal communications regarding performance management were poor / lacked consistency. This was, however, unless you are part of a wider group / committee that receives this information direct.

In summary the internal communication processes regarding performance management do not adequately fit the requirements of the staff within the organisation with the majority suggesting this is poor / requires improvements.
Strategic Capabilities

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking Radical Steps to Deliver Strategy</td>
<td>17</td>
</tr>
<tr>
<td>Empowering Commissioners to Manage the Performance of Providers</td>
<td>5</td>
</tr>
<tr>
<td>Holding Organisations to Account</td>
<td>11</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Questions 5f

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Performance management system receives the right information is the statement from this overall question which links to this area. The responses received provided the following views.
Questions 5h

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

Performance management system provides useful information which helps commissioners manage providers is the statement from this overall question which links to this area. The responses received provided the following views.

Semi-Structured Interview
Question 3a

What do you think about how the performance management system supports commissioners to develop improvements in service delivery?

Once again there was consensus from the majority that the performance management system does not support commissioners to deliver improvements. A number of reasons were provided to support his viewpoint, including a
number which suggested that a clearly defined system for performance management was not in place or was not sufficiently robust, that there is a lack of evidence to support improvements, even with performance data and also that the onus is on commissioners to redevelop services in isolation. There was also comment that the CCG doesn’t always commission it often buys services referring to the lack of the ‘cycle’ in the commissioning cycle. There was a number of positive comments that developments are underway given the new director appointment and that there was clear evidence of pockets of success but that this was inconsistent and based on the focus of a few.

**Observation**
The data line analysis identified that the taking of radical steps to deliver strategy was one of the lowest overall ranked statements with a ranking of 17/18. Holding organisations to account fared slightly better with 11/18 and the empowering of commissioners to manage the performance of providers received a high overall ranking of 5/18.

The self-completion questions linked to this area .i.e. performance management system receiving right information and also performance management system providers information to support commissioners to manage providers both received a high agree percentage (34% and 50% respectively) but also a relatively high disagree percentage (27% and 19% respectively). However most notably the question regarding receiving right information received a 36% score for the ‘no view’ category which may suggest a lack of knowledge or understanding of the performance management system.
In terms of the semi-structured questionnaire the responses provided consensus regarding a lack of support from the performance management system to the commissioning process. However there was key support that a robust system should be highly supportive. There was also detail of pockets of success but this was not consistent across the organisation.

In summary there is a desire to have empowered commissioners, to allow the performance management system to support commissioning and to enable better management of providers however the lack of a robust, understood performance management system is having a negative impact.
Management Practices

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of Providers</td>
<td>9</td>
</tr>
<tr>
<td>Robust Approach to Performance Management</td>
<td>2</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire
Questions 5a, e and g

In relation to the current CCG organisation wide performance management process which of the following statements do you agree with?

This overall question provided three statements linked to this area. These were: Current overall performance management system is robust; Providers engage with the performance management process; and Performance management system provides useful information which demonstrates performance against objectives. The responses received provided the following views.
Questions 6a-d and 6f

If the CCG performance management system could be improved what would you suggest to increase its effectiveness?
Semi-Structured Interview

Questions 1a

What is your perception of provider performance management within the CCG?

The results from this question are varied however the majority identify that performance management is managed through the contracting process, with links to the quality team. Three people highlighted that, in their view, there was no process for performance management which led to a poor perception of it. It was clear that there are pockets of good management of performance but it is not the same across the organisation. It was identified that there were potentially too many documents being used to capture performance data and this is causing confusion. Two people had already noticed an improvement in performance management over recent months.

Questions 2a

What do you feel about the performance management system in terms of its utility?

In essence the most frequent initial response to this question was ‘what performance management system?’ Some were aware of the contracting process but most were unaware of a bespoke performance management system. It was also identified that people were working in silos and, although there were pockets of good practice it wasn’t the same across the organisation. Also they identified that it was too unwieldy. It was also seen as hierarchical, bureaucratic and subjective. However there was more sportive comment that
the Governing Body received a performance report which provided assurance and it identified areas to focus but also that further development was needed.

**Questions 4b**

What could be done to eliminate any perceived issues within the management of the performance management system?

The majority of interviews highlighted that the development / redevelopment of one standardised approach across the entire organisation would be beneficial. It was reflected that the system must be robust and be flexible to be used by all. Communication of the method is vital to ensure consistent use of the system and to aid understanding and ownership. Accountability and delegated responsibility arrangements need to be clarified. Also it was felt that access to more timely data would be useful. It was highlighted that a central point within the organisation is the development of strong links to key areas (i.e. Contracting, finance and business intelligence). It was also suggested that there needed to be an element of team and relationship building both internally and externally.

**Questions 5**

Is there anything else you would like to add?

A number of interviewees simply requested the development and embedding of one clear communicated approach across the organisation. There was also a request to link staff performance monitoring. In addition leadership, control and
capacity was identified as a key component of ensuring any system would be successful. Finally one interviewee mentioned that there were sometimes ‘too many cooks’ and that the organisation is often left in a situation where ‘everybody should, somebody could, anybody should and nobody does.’

**Observation**
The data line analysis statements linked to management practices were identified in the top 10/18. Management of providers was ranked 9/18 and robust approach to performance management was ranked 2/18.

In regards to the self-completion questionnaire there were a number of questions which linked to management practices. The first looked for responder agreement to a number of statements. Those relevant were: current performance management system is robust; providers engage with the performance management process; and performance management system provides useful information which demonstrates performance against objectives. Almost 45% of responders to all three statements agreed with the statements agreed however there were almost 30% for each statement which either disagreed or strongly agreed.

In relation to the four semi-structured interview questions which linked to this area the overriding response was that there wasn’t a performance management system as such and although there were some processes in place that worked there wasn’t any consistency across the organisation. Ultimately the feeling
was that a system should be developed that could be utilised by all, be flexible and controlled centrally.
Corporate Control

Data Line Analysis

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank / 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement of Commissioners</td>
<td>3</td>
</tr>
<tr>
<td>Coordinated Control of the Process</td>
<td>1</td>
</tr>
<tr>
<td>Executive Level Involvement of Support</td>
<td>15</td>
</tr>
<tr>
<td>Holding People to Account</td>
<td>16</td>
</tr>
</tbody>
</table>

Self-Completion Questionnaire

Question 3

Who currently manages the CCG Performance management system?

![Bar chart showing perception regarding current management of the performance management system]

Question 6e

If the CCG performance management system could be improved what would you suggest to increase its effectiveness?
Semi-Structured Interview

Question 1b

What do you feel about the current control and management of provider performance management within the CCG?

It was felt that, mainly historically, there was poor control and management of performance within the CCG. With some changes, visible more recently, following the new director appointment. However a number of people still felt that the process lacked control and was ‘chaotic’ or ‘loose.’ There was also the view that it was ad hoc the interviewee stating that it worked well sometimes and not at other times. It was also perceived that there was management pressure to develop services and then little performance monitoring once they were in place. Also some lack of clarity regarding the control and management arrangements around performance management. Finally it was reflected that there were robust processes in place to hold people to account through
contractual mechanism, the argument to this could be answers to previous questions which have identified a distinct lack of taking providers to task.

**Observation**
The data line analysis included four statements linked to corporate control two of these (involvement of commissioners and coordinated control of the process) were ranked 3/18 and 1/18 respectively with the remaining two (Executive level involvement and support and holding people to account) ranked considerably lower, 15/18 and 16/18 respectively. Thus highlighting the need to involve commissioners and for a coordinated process but without holding people to account and with the need for executive level support.

There were two questions form the self-completion questionnaire which linked to corporate control. The first one looked to assess who it was perceived managed the current performance management system. The vast majority, over 70% detailed that it was the CSU Quality team, which is correct. However multiple options were selected covering the range of possible answers. Only finance was significantly lower with the remaining answers around 30%. This shows a lack of awareness of who manages the performance management system at the current time.

In relation to the semi-structured interview question there was understanding to some extent of the new executive leadership recently put in place however
there was a feeling that further developments were required in terms of clarifying systems and processes and control arrangements.
Chapter 5 - Conclusions

The conclusions within this chapter have been developed from the findings of the research undertaken as detailed within Chapter 4. The conclusions are detailed in relation to the research objectives and are structured in line with the conceptual framework.

Objective 1: To investigate internal perceptions in relation to provider performance management.

1. The research unambiguously demonstrated that there was a clear desire and need for cooperation, coordination and participation in the performance management system. Ultimately there was a perceived lack of consistency across the organisation around engagement. The utilisation and success of this engagement was questionable leading to the conclusion that the engagement in the performance management system was not currently meeting expectations. Obviously engagement is seen as a key element but it requires reinvigoration with a need to ensure that it engages across the entire organisation, with providers, clinicians and service users.

2. In relation to conflicts and tensions the research findings clearly identified that conflict management and resolution was again a key element of the performance management system and of critical importance to the success of the organisation. There was agreement that systems and processes were in place to escalate issues however there was concern
that actions to remedy the issues weren’t taken due to a failure to undertake the key elements of performance management. Successes in this area were identified in the research findings however there was a perceived lack of a consistent approach across the organisation.

3. The research findings identified a perceived lack of correlation between the performance management system and strategy from the majority with some clear concern regarding the utility of the organisations strategy being raised. There was the perception that there needed to be a link to strategy particularly when considering individual areas of focus.

4. The research revealed a perception that the communication regarding the performance management system does not effectively meet the needs of those within the entire organisation. It highlighted areas of good practice but that this was not consistent across the organisation.

5. The research findings demonstrated a clear desire to empower comments and to ensure that the performance management system could support them in service design however the perception was that a lack of a robust identifiable performance management system was leading to incapability in undertaking performance and using performance data to the organisations advantage.

6. The findings identified the perception of CCG staff in relation management practices was, in the main, inconsistent with some areas of clear management of local systems however there was a view that the
lack of an organisation wide approach to performance management hampered success. The findings provided clear views in relation to potential improvements specifically around system development, ownership and management arrangements.

7. The research found a broad understanding of corporate control arrangements around performance management systems, specifically the new director post however the perception was that greater control was required in terms of systems and processes sitting on the next level of management.

**Objective Two: To critically evaluate the utility of the performance management and assurance seeking systems within the CCG.**

1. In relation to cooperation, coordination and participation the research clearly demonstrated some areas of success however the majority of the findings found that there was a lack of consistency in relation to engaging specifically issues relating to the utility of engagement with staff from across the entire organisation. Also, although there were discrete systems and structures in place for provider engagement it was felt, in the main, that provider engagement with the performance management system required improvements.

2. The findings provided clarity that systems and process were in place, through a contracting model, to manage conflicts, tensions and issues in
relation to performance management. However the utility of such systems and processes in not widely seen to be effectively implemented.

3. The utility of the performance management system specifically in relation to links to strategy were not clear. Findings identified a lack of agreement for links between them along with concerns over the effectiveness of the strategy.

4. The findings of the research found that communications was a key element to both the success and utilisation of the performance management system. However the lack of organisation wide communications around performance was impacting negatively on its utility.

5. The research findings suggested a lack of strategic capability particularly around the performance management system not being robust enough to support the organisation and commissioners in managing providers. Therefore this lack of process is undeniably going to have a negative impact on the utility of the performance management system.

6. The research found that the utility of the performance management system was being negatively affected by the lack of consistent management practices specifically around coordination, availability of systems, lack of clear and timely data and awareness.
7. The findings of the research identified that corporate control was one of the more successful areas in terms of performance management, predominantly due to the recent employment of a director with performance clearly within their remit. It was viewed as a clear element to the utility of the performance management system within the organisation but highlighted that there were still areas for improvement specifically in relation to systems development and communications around control. In addition the identification of capacity to control the process at the next level of the organisation was seen as an area requiring development.

**Objective Three: To understand the implications for providers of engaging in such a system.**

1. The research found positive implications of providers engaging with the performance management system which would be positive for both commissioner and provider. There was clear demonstration that systems were in place to develop this engagement specifically contractual mechanisms and key groups. However the findings showed inconsistency of engagement with providers. It also identified a number of negative implications, some of a financial nature, that could hamper effective engagement. However the development of a clear supportive relationship would be beneficial to counteracting potential negative implications.
2. Specifically linked to conflicts and tensions the research identified that providers may not engage within the performance management system due to fear of recrimination and contractual penalties. Within a truly embedded performance management system the chances of this occurring should be minimised as early warning of issues could be expected to be identified.

3. In relation to strategy processes there was no clear link found within the research that this area would impact on engagement in the performance management system. Except that a robust system could feed into changes in strategy which may impact upon providers.

4. The research found that communication was a key, yet underutilised, element of the performance management system. The research did not identify any impact of communications on provider engagement as such although communicating with all providers was raised as an area requiring focus.

5. There is no direct correlation between the strategic capabilities of the organisation and implications for providers which haven't already been identified. Also it could be argued that the current strategic capabilities could only have positive implications for providers with the perception that action may not be taken on performance issues.

6. The research did not identify any direct links from corporate control to the engagement of providers in the performance management system.
However the authors view is that it could be seen as negative for providers having a newly appointed Director monitoring performance and looking to ensure delivery against key targets.
Chapter 6 - Recommendations

As a result of the conclusions made in chapter 5 the following recommendations are provided.

1. The CCG, led by the Director of Performance and Delivery, should look to redevelop the performance management system within the CCG by drawing on clear areas of good practice identified within the organisation, by visiting other similar CCGs who have different approaches, systems and structures in place to share best practice and to ensure the feedback received through this research is acted upon. This is a fundamental element of ensuring the success of performance management within the organisation. This should include concentration on:

   a. Clear communications and engagement approach – see recommendation two below
   b. Plans for key point(s) of contact and coordination of the performance management system
   c. Development of consistent mechanisms across the organisation to manage poor performance and deal with conflicts and to provide direction in terms of lines of accountability
   d. Clearly align performance management system to the organisations current strategic direction
   e. Confirm internal reporting mechanism and structures.
2. The CCG, led by the CSU Communications and Engagement Lead, should develop a bespoke communications and engagement plan specifically targeted to performance management which should summarise the following:
   a. Internal communication arrangements, to include clarification of internal groups and committees as well as key all staff communications
   b. External communication arrangements, to include communications processes with providers, member practices, service users and the general public
   c. Internal engagement activities to aid understanding and to ensure buy in of the performance management system
   d. External engagement activities with providers, member practices, service users and the general public
   e. Consideration of how robust and sustainable relationships will be developed / reinvigorated.

3. Review links both within the CCG and with CSU functions to ensure shared ownership of processes and clear understanding of roles and responsibilities.

4. The Director of Performance and Delivery to hold 1:1s with senior commissioning leads with a clear focus on performance of providers under their remit with the expectation of frequent updating on any remedial actions and agreement of escalation, if required.
5. A performance management workshop should be held to launch the revised approach to share with all staff and providers the expectations of the performance management system.
Chapter 7 - Implementation

The following implementation plan has been developed to support the achievement of the recommendations set out in chapter 6.

<table>
<thead>
<tr>
<th>Task</th>
<th>Actions</th>
<th>Lead Person</th>
<th>Time Required</th>
<th>Completion Date</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Redevelopment of the Performance Management System</td>
<td>• Identify areas of good practice across the organisation</td>
<td>Director of Performance and Delivery</td>
<td>3 x 3 hour sessions</td>
<td>30\textsuperscript{th} June 2015</td>
<td>No additional costs – to be picked up within existing arrangements</td>
</tr>
<tr>
<td></td>
<td>• Visit/speak with similar CCGs to share experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Consider key elements to include within the performance management system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Develop new performance management system and received feedback prior to finalising</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop a bespoke communications and engagement strategy</td>
<td>• Include internal and external communications</td>
<td>CSU Communications and Engagement Lead</td>
<td>3 x 1.5hr sessions</td>
<td>31\textsuperscript{st} July 2015</td>
<td>No additional costs. Within current service offer</td>
</tr>
<tr>
<td></td>
<td>• Include internal and external engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Detail how robust and sustainable relationships will be maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation of arrangements with the CCG and CSU colleagues</td>
<td>• Develop shared understanding of new systems and processes</td>
<td>Head of Quality</td>
<td>2 x 1.5hr sessions</td>
<td>16\textsuperscript{th} August 2015</td>
<td>No additional costs – to be picked up within existing arrangements</td>
</tr>
<tr>
<td></td>
<td>• Clarify roles and responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Ensure focus on performance management in Director of Performance and Delivery 1:1s with senior commissioning leads | • Confirm with senior commissioning leads new focus  
• Ensure correct performance data is available  
• Structure action planning regarding any remedial actions | Director of Performance and Delivery | Monthly 1hr sessions with each senior commissioning lead (already in place) | ongoing | None – currently in place |
| Develop a performance management workshop | • Set agenda  
• Invite staff and providers  
• Hold workshop | Director of Performance and Delivery | Planning – 2 x 1.5hr sessions Workshop – 2hr session | 31st August 2015 | No additional cost for planning. Cost for workshop would be for catering only as the CCG would utilise existing training facilities. The cost for catering would be approximately £825.00 (150 attendees at £5.50 per head) |

Table 7.1 Implementation Plan for Research Recommendations
Appendices

Appendix A – Data Line Analysis Statements and Results

<table>
<thead>
<tr>
<th>Statement</th>
<th>Overall Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Engagement With Clinicians</td>
<td>10</td>
</tr>
<tr>
<td>b. Involvement Of Providers</td>
<td>7</td>
</tr>
<tr>
<td>c. Management Of Providers</td>
<td>9</td>
</tr>
<tr>
<td>d. Involvement Of Commissioners</td>
<td>3</td>
</tr>
<tr>
<td>e. Having Difficult Conversations To Improve Performance Of Providers</td>
<td>8</td>
</tr>
<tr>
<td>f. Taking Radical Steps To Deliver Strategy</td>
<td>17</td>
</tr>
<tr>
<td>g. Link Performance Delivery To Strategy</td>
<td>12</td>
</tr>
<tr>
<td>h. Work With Members Practices On Performance</td>
<td>13</td>
</tr>
<tr>
<td>i. Internal Communications On Performance</td>
<td>41</td>
</tr>
<tr>
<td>j. Empowering Commissioners To Manage The Performance Of Providers</td>
<td>5</td>
</tr>
<tr>
<td>k. Robust Approach To Performance Management</td>
<td>22</td>
</tr>
<tr>
<td>l. Involving All The Organisation In The Performance Management Process</td>
<td>14</td>
</tr>
<tr>
<td>m. Coordinated Control Of The Process</td>
<td>12</td>
</tr>
<tr>
<td>n. Increase Support To Providers To Deliver Performance</td>
<td>18</td>
</tr>
<tr>
<td>o. Executive Level Involvement Or Support</td>
<td>15</td>
</tr>
<tr>
<td>p. Links Between Departments I.E. Finance, Contracting, Commissioning Etc.</td>
<td>6</td>
</tr>
<tr>
<td>q. Holding People To Account</td>
<td>16</td>
</tr>
<tr>
<td>r. Holding Organisations To Account</td>
<td>11</td>
</tr>
</tbody>
</table>
Appendix B – Self-Completion Questionnaire

Questionnaire on the organisation wide Performance Management Process within NHS East Lancashire CCG

General Profile

1. How many years of service do you have in the NHS?
   - <1 year
   - >1 year <2 years
   - >2 years <5 years
   - >5 years <10 years
   - >10 years <15 years
   - >15 years <20 years
   - >20 years

2. In which one of the following teams do you currently work?
   - Commissioning
   - Corporate
   - Executive
   - Finance
   - Safeguarding / Quality
   - Business Intelligence
   - Contracting
   - Medicines Management
   - Communications
3. Who currently manages the CCG performance management system?
- [ ] CCG Commissioners
- [ ] CSU Quality Team
- [ ] Executive Team
- [ ] Corporate Team
- [ ] Finance Team

4. Which of the following feed into the current CCG performance management system?
- [ ] Providers
- [ ] Executives
- [ ] Clinical Leads
- [ ] Commissioning Leads/Managers
- [ ] Quality and Performance Team
- [ ] Finance
- [ ] Contracting
- [ ] Safeguarding
- [ ] Business Intelligence
- [ ] All of the above
### Questionnaire on the organisation wide Performance Management Process within NHS East Lancashire CCG

#### Performance Management Process - Perception

5. In relation to the current CCG organisation wide performance management process which of the following statements do you agree with:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>No view</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current overall performance management system is robust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance issues are flagged and actions taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management system is integrated into CCG business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management system is linked to organisation strategy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers engage with performance management process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management system receives the right information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management system provides useful information which demonstrates performance against objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance management system provides useful information which helps commissioners manage providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician input and oversight of the performance management system is sufficient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. If the CCG performance management system could be improved what would you suggest to increase its effectiveness?

- Redevelop internal process
- Re-negotiate service with CSU
- Increase focus on performance management
- Engage commissioning leads/managers in process
- Increase CCG ownership of process
- Increase clinical input/oversight

7. Which of the following would you implement to increase provider engagement in the performance management process within the CCG?

- Incentivise
- Contractual penalties
- Collaborative approach i.e. improved stakeholder engagement
- Re-commission
8. How effective in your view are the communication practices around the CCG performance management process?

- Very good
- Good
- No view
- Poor
- Very poor
9. What is your view regarding how the CCG manages conflicts/tensions with providers in relation to performance management?

- Very good
- Good
- No view
- Poor
- Very poor
10. Please specify and/or comment on any other methods or improvements you think are needed to the performance management process in the CCG.
Appendix C – Semi-Structured Interview Questions

Performance Management System – NHS East Lancashire CCG

Interview Questions

1a. What is your perception of provider performance management within the CCG?

1b. What do you feel about current control and Management of provider performance management within the CCG?

1c. How does the CCG ensure adequate engagement in the process in terms of both staff and providers?

2a. What do you feel about the performance management system in terms of its utility?

2b. How does the performance management system link to CCG strategy?

2c. How and with whom does the performance management system communicate internally within the CCG?
3a. What do you think about how the performance management system supports commissioners to deliver improvements in service delivery?

3b. How does the CCG manage conflicts and tensions with providers around performance management?

4a. What are the implications for providers in engaging in the performance management system?

4b. What could be done to eliminate any perceived issues with the management of the performance management system?

5. Do you have any other comments regarding the performance management system?
Bibliography


A Review of Performance Management within NHS East Lancashire Clinical Commissioning Group

PART TWO - Reflections

by

Ryan Catlow

Bolton Business School
The University of Bolton – May 2015

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Introduction
This is a critique of the dissertation ‘A review of Performance Management within NHS East Lancashire Clinical Commissioning Group.’ The author has been employed within the Clinical Commissioning Group (CCG), on which the research took place, for a period of two years (in its current form) and for a total of seven and a half years in its previous incarnation i.e. prior to the passing of the Health and Social Care Act 2012. The author’s role within the CCG is that of Business Assurance & Risk Manager and Operational Lead for Emergency Planning Resilience and Response. The role having to ensure that the organisation can demonstrate compliance with its statutory requirements and also its promises to patients. The driving force behind the research was a desire to understand the wider perceptions of provider performance management within the CCG along with wishing to enable the development / redevelopment of systems and processes to support organisational development and to enable improvements in patient care.

This critique will provide a reflective and critical review of the concepts and research methods utilised within the research. This includes evaluating the appropriateness of the methodology, concepts, theories and techniques used and identifying any issues encountered. It will then identify the constraining forces within the workplace which were experienced whilst undertaking the research, and details how these were dealt with. It also provides detail of the role and an evaluation of the learning set within the dissertation process. Finally it outlines the personal qualities which have been developed through activities associated with carrying out the research.
Reflection and Critical Review
The area of endeavour was relatively narrow in terms of reviewing the systems and processes around provider performance management and the perceptions of those staff directly employed within the CCG. This enabled a clear focus on literature which was more pertinent to this discrete area. The author made the decision to discount the people element from performance management as, although people performance management is a key concept, it is also a discrete concept in its own right and would have led the literature review, and also the research itself, to become too unwieldy. Discounting this area was justified and enabled the author to concentrate on those areas more pertinent to provider performance management and the perceptions of the systems and processes in place. Following the review of the literature a conceptual framework was formalised based on the detailed review and consideration of the most appropriate concepts related to the research objectives.

The utilisation of the three research methods: data line analysis; self-completion questionnaire; and semi-structured interviews was based on sound evaluation of the strengths and weaknesses, both generic and contextual, of these methods and also after considering other potential options. The data line analysis approach was not as straightforward as had been imagined due to complexities in terms of ensuring respondents were happy with their ranking decisions and time taken to undertake this, however as with all methods, it did elicit clear findings that not only supported the objectives of the research but supported the development of questions in subsequent methods. Issues of time and work pressures were experienced, along with unforeseen circumstances which led to a delay in completing the data collection. This could have
potentially been overcome by commencing data collection at an earlier time. However having said that the work pressures of those completing the various methods would likely have been the same at any point in time.

In relation to the sample criteria the author feels that the correct number of respondents were targeted for each method and the random selection of members from a cross section of levels was sound. This enabled the provision of perceptions from both those leading the organisation and those on the ground putting the leader’s vision into operation. In regards to the response rate for the self-completion questionnaire, although the author had anticipated a higher rate, a response rate of 52% was still highly positive. Potentially an increased response rate could have been achieved through incentivising people to respond which could be considered in any future requests.

Although there were a couple of outliers the majority of the findings reflected a support and desire for performance management systems but reflected that changes in the current systems were required. This confirmed the author’s view of the performance management system and provided clear evidence on which to make recommendations to the CCG to redevelop the systems and processes in place.
Workplace Constraints
As referenced above the constraints experienced were pressures in terms of time and work priorities. In addition unforeseen circumstances, which was mainly the author being requested to cover sickness absence for a senior member of staff whilst also covering for their own team absence and having to cancel planned leave. In the main this pressure was alleviated through reprioritisation of all aspects of work including the completion of the data collection. Luckily the members of CCG staff who were asked to take part were all very supportive and assisted the author greatly with managing these demands. Also the author took additional annual and study leave once the team was fully staffed to ensure completion within the relevant timeframes.

A further constraint was the work pressures of those requested to participate in the chosen methods of research. This included pressures with end of year financial reporting, planning preparation for the following two years (at the request of NHS England) and the attendance at an NHS England review of CCG plans. This was overcome through allowing people a significant period of time in which to respond to the self-completion questionnaire and also diarising time, following their agreement, to undertake the other methods. As previously mentioned all respondents were extremely supportive.

There also, initially, appeared to be reluctance within some of the interviews to speak off script / corporate message. However this was overcome through not only clarification of anonymity but also in an alteration of questioning technique to ensure that their own personal feelings and perceptions had been received.
Evaluation of the Learning Set
The learning set for the dissertation was mainly via face to face group sessions and individual 1:1 sessions with the dissertation supervisor. However there were also numerous informal group communications via group email discussion. All activities of the learning set proved highly supportive in developing group awareness of expectations, shared understanding of issues being encountered and group development of ways to counter these issues in addition to sharing successes. The key benefit was enabling focus to support maintaining momentum. The author found the group and the dissertation supervisor extremely helpful and supportive in this regard.
Personal Skills
Through the undertaking of this research the author has developed a number of key management skills which include the following:

- **Time Management Skills** – whilst undertaking this research the author experienced numerous pressures in terms of time. The author has honed their time management skills to ensure that work, and personal life demands, were prioritised in such a way that enabled completion of the research, ensuring delivery against key work objectives and also managing child care commitments at home.

- **Conceptual Skills** – the author has had to view the organisation from a wider perspective to be able to undertake this research. The development of this skill has enabled the author to analyse the complex performance management system and approach within the CCG and to develop a strategy for the redevelopment of the process.

- **Communications Skills** – the author has strengthened his communication skills whilst undertaking this research through reviewing and reassessing the approach / questioning to aid engagement in the process. A key area was piloting the approaches and acting on feedback received. In addition the close engagement with those at a strategic level has enabled the author to clearly communicate their views and recommendations.
• **Critical Review Skills** – the author has developed this skill as a result of undertaking this research as he had not only reflected on what he had seen within literature or from the results of his own research but has also critically evaluated the detail in terms of considering what the information was telling him; how it addressed the research objectives and questions and also considering its validity i.e. where had the information come from and how old it was.
Overall Reflection
The learning experience of not only undertaking the research but also the entire MBA programme has been a truly enjoyable one. The author has developed both academically and personally whilst undertaking the course. In regard to the research itself it has given the author a platform on which to strengthen his position within the CCG and also to develop new systems and processes to support the organisation in achieving its objectives. However it has reaffirmed the need to clearly plan the completion of the research to include additional time to deal with any slippage caused by issues outside of your control.

If the author was to undertake a similar piece of research in future incentives may be considered to increase engagement. In addition the author would potentially look to include the provider’s perception to enable a truly rounded review. However this would increase significantly the amount of time required to undertake such a review.