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Appendix C
Impact Measurement Framework

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Leading Change, Adding Value is a framework for all nursing, midwifery and care staff, wherever we work and whatever role we might have.

It builds upon Compassion in Practice and is directly aligned with the Five Year Forward View (FYFV) and its vision to integrate health and social care services, improve the adoption of preventative measures and narrow three crucial gaps in:

- **Health and wellbeing:**
  A greater focus on prevention is needed to enable health improvements to continue and to counter pressure on services

- **Care and quality:**
  Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety

- **Funding and efficiency:**
  Without efficiencies, a shortage of resources will hinder care services and progress

This framework encourages us to go one stage further in demonstrating our value. We have already demonstrated our value in the work we have successfully undertaken in embedding the 6Cs as central to everything we achieve and the excellent work that was achieved within the individual action areas of Compassion in Practice.

Health and wellbeing

Care and quality

Funding and efficiency

We now need to apply the same importance to how we quantify and measure the outcomes of our work, as we have done to making those values and behaviours the cornerstone of all that we do.

The combined measures of the Triple Aim allow us to place better outcomes, experience, and use of resources as central to the design, delivery and measurement of everything that we do and by doing so allows us to demonstrate the use of resources wisely and efficiently.

This Impact Measurement Framework proposes how we can demonstrate success.

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Commitment 1
We will promote a culture where improving the population's health is a core component of the practice of all nursing, midwifery and care staff.

Impact Statement:

Nursing, midwifery and care staff have the responsibility to improve the quality of life and wellbeing for people and populations and do so in a variety of ways - with individuals, carers, families and communities. Public confidence is at the heart of all we do and by building partnerships and relationships we have the opportunity to support individuals to make a real difference to their health and social wellbeing.

Commitment 1

Frontline Staff

1. Act as role models to encourage those we work with to adopt a healthy lifestyle;
2. Enable people to manage their health by sharing information about healthy choices;
3. Support people to make informed decisions, providing information that enables understanding of the impact of choices and aims to improve quality of life, resilience, independence and add years to life;
4. Be open and willing to change in response to evidence/research about best practice.

Organisational Leaders

1. Provide staff and community champions with evidence and guidance to assist them to deliver health promoting programmes and guided activities;
2. Develop and commission services which provide evidence of effective and efficient outcomes;
3. Ensure that up to date management information is collected, collated and used to influence the use of resources;
4. Provide management information that informs decisions about the use of resources. Informed decisions are made based on best available evidence and research of what works.

Educators and Trainers

1. Develop and deliver programmes with a public health focused curricula;
2. Create a culture of co-production in the design and delivery of programmes;
3. Ensure that learners are offered a range of experiences that expose them to health promoting and community development initiatives to inspire engagement;
4. Enable engagement in research and development activity that responds constructively to population health and social care challenges and service improvement programmes.

System Influencers and Commissioners

1. Ensure that local knowledge informs health promoting programmes that are robustly evaluated;
2. Ensure compliance with sustainability and transformation plans that seek to improve population health and reduce unwarranted variation;
3. Influence policy on lifestyle choices based on evidence that informs design and implementation of campaigns and creates a culture that promotes health and wellbeing;
4. Ensure that impact measures are integrated into health and social care programmes; maximising compliance and demonstrating improvement.

National and Local Quality Metrics and Measures

All OurHealth programme; Public Health Outcome Framework domains; Right Care metrics; NHS Outcomes Framework - key inequalities metrics; Slope index of inequality in life expectancy at birth; Reducing inequalities in life and healthy life expectancy. NHS Mandate.

Commitment 2
We will increase the visibility of nursing and midwifery leadership and input in prevention.

Impact Statement:

Nursing and midwifery leaders have the opportunity to make a measurable and sustained contribution that reduces health inequalities through an evidence-based approach to preventing ill health and improving the social conditions that contribute to its manifestation.

Commitment 2

Frontline Staff

1. With individuals and communities promote culturally appropriate systems of prevention and health development designed to instil sustainable change;
2. Close the gap between lifestyle and healthy living, enabling people to take responsibility for lifestyle choices and behaviours;
3. Make every contact count equipping people with the knowledge and confidence to make the informed choices that empower and sustain change;
4. Design and implement innovative health protection and prevention programmes, aimed at reducing the harm that inappropriate actions may have on health and wellbeing.

Organisational Leaders

1. Working with communities engender actions to tackle inequalities and increase the motivation and capability to promote health improving behaviours;
2. Ensure health prevention programmes evidence impact, creating partnerships that enable self-directed sustainable change;
3. Implement and monitor achievement of health gain and evidence improvement in the health of the local population;
4. Demonstrate the value of local programmes through systematic review against population data and trend analyses;
5. With the local authority and health and wellbeing boards develop and implement health impact plans that build capability and reduce inequalities.

Educators and Trainers

1. Enable purposeful enquiry that identifies prevention and health protection systems that make a difference allowing learners to interpret and implement best practice;
2. Enable the acquisition of skills, knowledge and competencies that enable a responsiveness to population need;
3. Evidence learning objectives focussed on health protection and prevention and include strategies to reduce social inequality;
4. Educate to protect the public health by improving surveillance skills and prevent and control infection.

System Influencers and Commissioners

1. Demonstrate the leadership required to implement and monitor the impact of research/ evidence based interventions;
2. Work with health and wellbeing boards to identify priorities and commission for health promotion and ill-health prevention;
3. Develop the information infrastructure and governance to support the implementation of prevention measures, informed by local priorities, capacity and capability;
4. Develop healthy community programmes bringing leaders together and build the trust required to develop sustainable healthy living environments; supporting investment in those systems that prevent ill health and respond to the diverse needs within communities.

National and Local Quality Metrics and Measures

All Our Health programme; Public Health Outcome Framework domains; Right Care metrics; NHS Outcomes Framework - key inequalities metrics; Slope index of inequality in life expectancy at birth; Reducing inequalities in life and healthy life expectancy; Shared delivery plan targets; HMSR and Mortality Ratios; Board quality scorecards; Goal attainment scores; Triple Aim metrics.

Commitment 3
We will work with individuals, families and communities to equip them to make informed choices and manage their own health.

Impact Statement:

Nursing, midwifery and care staff work with individuals, families and communities to help them maximise their involvement and engagement to acquire behaviours that improve health and social wellbeing while adding years to lives. We can communicate and engage in a range of ways providing accessible information which enables self-management, supports decision making and respects generational and cultural difference.

Commitment 3

Frontline Staff

1. Encourage, engage and motivate individuals to self-manage and understand the benefits of healthy choices;
2. Co-design personalised care plans designed to support measurable goal-oriented action;
3. Work within communities to identify priorities and harness the potential of voluntary and self-help groups to direct action and improve health and wellbeing;
4. Share the skills and knowledge that improve self-management, self-esteem, social contact and build networks and personal resilience.

Organisational Leaders

1. Develop a stakeholder engagement strategy that supports co-design and engenders action to tackle inequalities;
2. Utilise information and intelligence to promote health, reduce inequalities and add value to health and social wellbeing;
3. Encourage collaboration within communities to release social capital and assist in maintaining health and wellbeing;
4. Oversee and measure the impact of community engagement avoiding duplication of effort between statutory and informal care provision, identifying gaps in service and ways to improve experience and use of resources.

Educators and Trainers

1. Promote a culture within which improving the health of people and communities is a core component of learning;
2. Create online and social media networks to share information and support self-management and community partnerships;
3. Encourage creativity and focus research in areas that relate to healthy community partnerships, social capital and health promotion;
4. Provide professional learning to facilitate understanding of the wider determinants of health and the principles required for self-management.

System Influencers and Commissioners

1. Build community alliances that encourage co-design and delivery of services aimed at reducing unwarranted variation;
2. Establish alliances within communities that enable identification of investment priorities, avoiding duplication and fragmentation;
3. Commission innovative community action that seeks to generate principles and models of good practice to stimulate local action;
4. Align evidence of improvement through commissioning and procurement strategies that demonstrate the impact of health promoting investment.

National and Local Quality Metrics and Measures

All Our Health programme; Public Health Outcomes Framework; Right Care metrics; NHS Outcomes Framework - key inequalities metrics; Reducing inequalities in life and healthy life expectancy. NHS Mandate; Five Year Forward View; Patient Reported Experience Measures (PREMS) and Patient Reported Outcome Measures (PROMs).

Commitment 4
We will be centred on individuals experiencing care.

Impact Statement:

Nursing, midwifery and care staff provide personalised, co-ordinated care to ensure effective support and transition between services. Individuals can be empowered to exert influence to self-manage, make choices and direct all aspects of their physical, psychological and social care in order to maximise value for themselves and for their local communities.

Commitment 4

Frontline Staff

1. Enable individuals, carers and families to influence all aspects of co-ordinated care and planning, ensuring culture, difference and vulnerability are respected;
2. Create time to listen and respond to the actual needs of individuals to truly inform shared decision making and action;
3. Develop curiosity to identify and address unwarranted variation;
4. Adapt care provision and delivery to meet the needs of individuals in whatever 'place' care is provided.

Organisational Leaders

1. Ensure that individuals and populations are engaged in all aspects of service design, delivery and evaluation;
2. Promote an environment within which co-ordinated multi-professional leadership and service delivery is encouraged;
3. Support staff to 'speak up' while creating a culture within which staff are encouraged to speak out in exercise of their duty of candour and ensure that lessons are learned and shared;
4. Ensure that unwarranted variations in care are identified and addressed by using evidence to inform quality improvement, user and staff experience and the effective use of resources.

Educators and Trainers

1. Provide a focus on health literacy and the education of individuals, carers, and their families to support self-management;
2. Engage and empower local communities and populations to address unwarranted variation;
3. Educate to encourage positive engagement to improve health and social care outcomes and to reduce social inequalities;
4. Embed a partnership to co-design education and training programmes enhancing understanding of self-management and shared care.

System Influencers and Commissioners

1. Ensure that personalisation forms the central focus of future service design and transformation;
2. Exert influence to create the national, regional and local culture required to promote self-management, self-care and service improvement;
3. Provide and disseminate evidence of innovative and transformational leadership to facilitate person-centred care;
4. Possess vision and foresight to lead, drive and support the personalisation agenda.

National and Local Quality Metrics and Measures

Person centred care - care measures (patient feedback measure); Patient satisfaction surveys; PROMS and PREMS; Care Quality Commission (CQC) ratings; Dementia well being metrics; Complaints and compliments, Friends and Family Test.

Commitment 5
We will work in partnership with individuals, their families, carers and others important to them.

Impact Statement:

The support that matters most to people is within their family, friends, carers and communities. Nursing, midwifery and care staff form part of that network, sharing the skills and knowledge that support the best care possible. This requires us to integrate care and support plans empowering individuals to exert choice and control over their lives and achieve their full partnership potential in care design and delivery.

Commitment 5

Frontline Staff
1. Co-design plans that enable care to be self-directed, providing support at the right time, in the right place and in accordance with agreed outcomes;
2. Build the trusting relationships that prevent social isolation, enable support and engender the confidence to make informed decisions;
3. Co-ordinate care ensuring those involved are engaged and informed avoiding any negative impact on health and social wellbeing;
4. Coach individuals and families to meet care in ways that work for them and utilise support to maximum effect.

Organisational Leaders
1. Enable co-ordination of care including implementation of inter-professional care plans, shared electronic records and care navigation systems;
2. Communicate effectively with local advocacy and user groups to build sustainable partnerships to support collaborative care for individuals and carers;
3. Facilitate effective and responsive support to enable individuals and carers to self-manage and achieve optimal health;
4. Organise and co-ordinate care to ensure continuity and avoid unwarranted variation.

Educators and Trainers
1. Provide inter-professional training to build the knowledge, trust and behaviours required for effective care co-ordination;
2. Support staff to gain the knowledge and confidence that will reduce reliance on hospital-based care and support adjustment to new working practices;
3. Ensure involvement of individuals and carers in the design and delivery of programmes;
4. Facilitate opportunities for staff to consider how new models of user engagement can be implemented.

System Influencers and Commissioners
1. Provide leadership to develop whole system solutions that respond effectively to care needs;
2. Work closely with service user groups to identify system resource gaps and seek solutions that empower individuals;
3. Champion early adopters to evidence the benefits that innovative care solutions can have for individuals, carers and communities;
4. Develop innovative alliances to identify responsive supported living solutions for people who might otherwise be dependent on care.

National and Local Quality Metrics and Measures

All Our Health programme; Public Health Outcome Framework domains; Right Care metrics; NHS Outcomes Framework - key inequalities metrics; Reducing inequalities in life and healthy life expectancy; Reduced admission and reduced transfer of care metrics; Evidence of completed inter-professional care plans; Patient satisfaction surveys; PROMS and PREMS; CQC ratings; Dementia well being metrics; Five Year Forward View.

Commitment 6
We will actively respond to what matters most to our staff and colleagues.

Impact Statement:

Nursing, midwifery and care staff possess the skills, knowledge, values and aspiration to deliver world class health and social care services that respond to the needs of individuals and communities across a range of settings. There is a responsibility to provide compassionate leadership, ensuring that staff can understand what is expected of them and that they are supported and educated to fulfil their roles.

Commitment 6

Frontline Staff

1. Share learning to ensure that services are delivered efficiently and effectively;
2. Listen to our colleagues to make the best use of skills and resources to ensure we deliver the best outcomes;
3. Listen to colleagues to identify and create opportunities to implement new ways of working that improve the way in which individuals experience and receive the care we give;
4. Seek feedback in order to improve the quality of our services.

Organisational Leaders

1. Raise awareness of how the data collected is analysed and used to inform decisions at organisational and board level;
2. Work collaboratively, with other professionals and organisations, to reduce fragmentation and duplication to optimise best outcomes and use of resources;
3. Listen to the workforce to address and improve retention, working lives and wellbeing with the aim of building workforce skills, capacity and capability;
4. Provide opportunities for the workforce to maintain innovation in the ways in which they work through coaching, personal development, compassionate leadership, appraisal and supervision.

Educators and Trainers

1. Facilitate programmes that develop the skills, capability and resilience in multi professional and sectoral teams;
2. Provide flexible and innovative learning that maximises skills and builds the confidence and capability to embrace new ways of working;
3. Support the delivery of sustainability and transformation plans, including workforce planning;
4. Promote a learning culture that facilitates change, builds resilience and confidence enabling a purposeful contribution to service transformation.

System Influencers and Commissioners

1. Support the delivery of sustainability and transformation within local settings and across services;
2. Provide collaborative system leadership to ensure there is a shared vision across providers, commissioners and regulators;
3. Put in place effective and responsive systems of work and resources to enable organisations to deliver safe and sustainable workforce plans;
4. Promote the conditions required for organisations to construct and deliver safe and effective workplaces that promote personal motivation, fair and just employment practice and wellbeing.

National and Local Quality Metrics and Measures

Friends and Family Test; Staff survey; recruitment, retention, sickness, absence, appraisal, vacancy, training rates; duty of candour.

Commitment 7
We will lead and drive research to evidence the impact of what we do.

Impact Statement:

Nursing, midwifery and care staff are well placed to make every contact count and improve the care we give. It is essential to use research, evidence and evaluation to measure the impact of our interventions. We have a responsibility to individuals, the communities we work with and to our professions to actively to assess the effectiveness of our work. We can identify and address unwarranted variation, demonstrate effective use of resources and invest in those areas where our time, commitment and services are most needed to achieve sustainable improvement.

Commitment 7

Frontline Staff

1. Effectively manage resources to reduce duplication and waste and maximising the value of every intervention;
2. Develop understanding of the local care system within which care is given to direct support to meet the needs of individuals;
3. Act as an 'agent of change' to shape care and demonstrate value for individuals and communities;
4. Listen to individuals to determine what is important to them and use evidence and information to direct care in ways that results in measureable impact.

Organisational Leaders

1. Promote a culture that places the concept of 'adding value' and impact measurement at the heart of all we do;
2. Use intelligence (such as user feedback, audit and benchmarked data) to identify where time, skills and resources can be targeted to maximise the impact of investment and innovation;
3. Identify outcome measures for those things that really matter locally. Deliver value-based care that aligns to agreed expectations, resource allocation and service improvement;
4. Provide staff with constructive feedback on their performance and access to information to enable them to add value and make an active contribution in their local communities.

Educators and Trainers

1. Encourage the use of tools to maximise the efficient and effective use of resources and the measurement of impact for individuals and across care pathways;
2. Support the development of effective leadership enabling quality improvement;
3. Enable peer support, coaching and action learning to build resilience, innovation, capability and capacity to improve the ways in which care and resources are deployed;
4. Provide the learning space required to enable critical inquiry, research and development to flourish.

System Influencers and Commissioners

1. Develop a shared narrative on how systems of health and social care can add value to inform care and identify evidence-based metrics against which improvement can be measured;
2. Support organisations to deliver new models of care, recognising where unwarranted variation can be addressed to enable resources to be directed towards optimal care;
3. Develop and implement strategies that define outcomes and quality indicators to encourage a focus on continual improvement;
4. Focus on outcomes and the identification of gaps in service provision, particularly those that lead to unwarranted variation.

National and Local Quality Metrics and Measures

NHS Right Care (optimal care pathway) metrics; NICE; Five Year Forward View; Triple Aim measures; Consumer Assessment of Healthcare Providers (CAPHS); Care Management Service (CMS); National Committee for Quality Assurance (NCQA) measures.

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Commitment 8
We will have the right education, training and development to enhance our skills, knowledge and understanding.

Impact Statement:

The delivery of effective and sustainable health and social care is linked to a culture of lifelong learning that equips, enables and nurtures talent and innovation. Nursing, midwifery and care staff require time to learn, reflect and update their practice in response to individual and service need, enabling a culture in which learning, reflection and improvement promotes engagement and safe and effective care delivery.

Commitment 8

Frontline Staff
1. Recognise the value of reflection and learning from experience in support of lifelong learning and facilitates revalidation;
2. Seek constructive feedback and share learning opportunities with colleagues;
3. Participate in team and action learning to share experiences and acquire the skills, knowledge and confidence to challenge inappropriate practice;
4. Acquiring the right skills, knowledge and behaviours to measure our impact.

Organisational Leaders
1. Enable staff to identify and maximise a variety of learning opportunities;
2. Promote a culture of continuous improvement and leadership within which all are encouraged to contribute to and evidence improved experience, effectiveness and productivity;
3. Build an improvement culture, informed by the evidence base and benchmarked best practice aimed at promoting best practice and innovation;
4. Making learning a priority and part of a transparent and open career development framework to encourage all staff to commit to the organisation's values, to maximise retention, and encourage life-long learning and professional revalidation.

Educators and Trainers
1. Deliver responsive education and leadership programmes, provided as close to the workplace as possible and based on credible experience;
2. Enable staff to embed learning in their workplace; encouraging individuals, carers and professionals to share learning;
3. Enable placement experiences for learners that build the requisite knowledge, skills and behaviours and that encourage learning across professions and sectors;
4. Promote a culture of professional enquiry.

System Influencers and Commissioners
1. Support a 'whole system' learning plan to inform educational commissioning and workforce projections;
2. Design transformational education programmes to ensure that the workforce is supported to develop the skills, competencies and behaviours required to meet service demand;
3. Develop new roles and ways of working and inform future commissioning intentions and contract specifications;
4. Provide an environment within which career development and aspiration is encouraged, talent is identified and nurtured and opportunities for learning are evidenced.

National and Local Quality Metrics and Measures

Statutory and mandatory training figures; Recruitment and retention; Cavendish certificate attainment; Placement capacity; Revalidation; Recruitment and retention, sickness/ absence, appraisal, vacancy, training rates.

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Foreword

Commitment 9
We will have the right staff in the right places and at the right time.

Impact Statement:

There is strong evidence that good workforce practices can deliver improved productivity and outcomes. Nursing, midwifery and care staff respond to immediate demand and forward plan to meet complex staffing requirements, simultaneously managing resources in a cost-effective and productive way. Workforce methodology, implemented successfully, can provide evidence of achievement of the 'Triple Aims' of better outcomes, patient and staff experience and use of resources.

Commitment 9

Frontline Staff

1. Engage in development and training to ensure skills and practices are current and flexible and meet the changing needs of service delivery;
2. Facilitate new ways of working safely and innovatively to give the right care to individuals and groups;
3. Consider flexible patterns of work to deliver optimal care outcomes;
4. Contribute to making each workplace a beacon of excellence within which people wish to work, develop their skills and abilities.

Organisational Leaders

1. Provide oversight and scrutiny to ensure safe and effective staffing and that optimal standards are delivered consistently;
2. Facilitate workforce planning and allocation systems that enable deployment of the workforce to enable continuity of care, reducing the inconsistency and fragmentation that leads to unwarranted variation;
3. Engender a culture of 'wellbeing' that enables staff to reach their potential and achieve the objective of value driven care;
4. Identify the productivity and efficiency opportunities that exist such as reducing reliance on temporary staffing to achieve consistency and quality in care delivery.

Educators and Trainers

1. Support the delivery of care that is safe and sustainable such as using e-learning and work-based learning to support planning and deployment;
2. Design and deliver programmes that develop resilience, emotional intelligence and build the human factors required to accommodate change with confidence;
3. Support organisations to enable staff to evidence the skills, values and behaviours to work flexibly;
4. Facilitate flexible access to programmes maximising recruitment, facilitating career progression and mobility.

System Influencers and Commissioners

1. Demonstrate the system leadership required to create a culture that attracts and retains the best staff to deliver safe and productive care;
2. Lead the design of innovative and new ways of working that challenges any outdated practice;
3. Support whole system workforce planning, modelling tools and systems that seek to reduce fragmentation and duplication;
4. Consider workforce recruitment trends to take account of different generational needs and changing requirements to ensure an adequate and 'fit for purpose' supply of new talent to sustain and deliver care services.

National and Local Quality Metrics and Measures

Carter Review indicators; Staff survey; Staff recruitment, retention, sickness, absence, appraisal, vacancy, training rates; whistleblowing, Speaking Up outcomes; safer staffing metrics.

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Commitment 10
We will champion the use of technology and informatics to improve practice, address unwarranted variations and enhance outcomes.

Impact Statement:

Technology impacts on every aspect of our lives and we must strive to recognise the potential that advances in technology can make on how we provide effective and consistently high standards of care.

Commitment 10

Frontline Staff

1. Embrace technology and informatics to improve care, self-management, health and social care outcomes;
2. Develop understanding of the benefits of technology and informatics for practice increasing time to care;
3. Use technology to support effective coordination between care givers and teams;
4. Connect through digital messaging and social media to disseminate information, particularly for difficult to reach groups.

Organisational Leaders

1. Share best practice to engender understanding of how technology and informatics can assist in reducing unwarranted variation, inform quality improvement and enhance practice;
2. Promote the use of technology and information systems that seek to coordinate and share information;
3. Ensure that performance and outcome data is utilised to improve local understanding of unwarranted variation and informs mitigation;
4. Promote a culture within which smart working practice reduces the dependence on administrative time that takes time away from care delivery.

Educators and Trainers

1. Provide learning that enables staff to maximise the benefits of innovations in technology and informatics;
2. Construct training and education to build the knowledge and confidence to utilise technology;
3. Raise awareness of the benefits that telehealth, telecare and information management can bring to improve effectiveness;
4. Consider developing new roles in the leadership of informatics such as a career pathway for nurse informaticians leading to chief nurse information officer roles.

System Influencers and Commissioners

1. Improve inter-professional learning and working practices with the development of a culture within which data and evidence is shared;
2. Encourage the widespread adoption of digital solutions to reduce the impact of social inequality and illness;
3. Consider the picture of local and national IT capability to develop strategies to encourage a culture that shapes systems to improve value and productivity;
4. Seek to reduce inefficiencies and enhance the wellbeing of service users and staff by the effective use of technology.

National and Local Quality Metrics and Measures

Five Year Forward View; National Information Board (NIB) data; Health and Social Care Information Centre (HSCIC) metrics; National Institute for Health Research (NIHR) 'Big Data' metrics.