

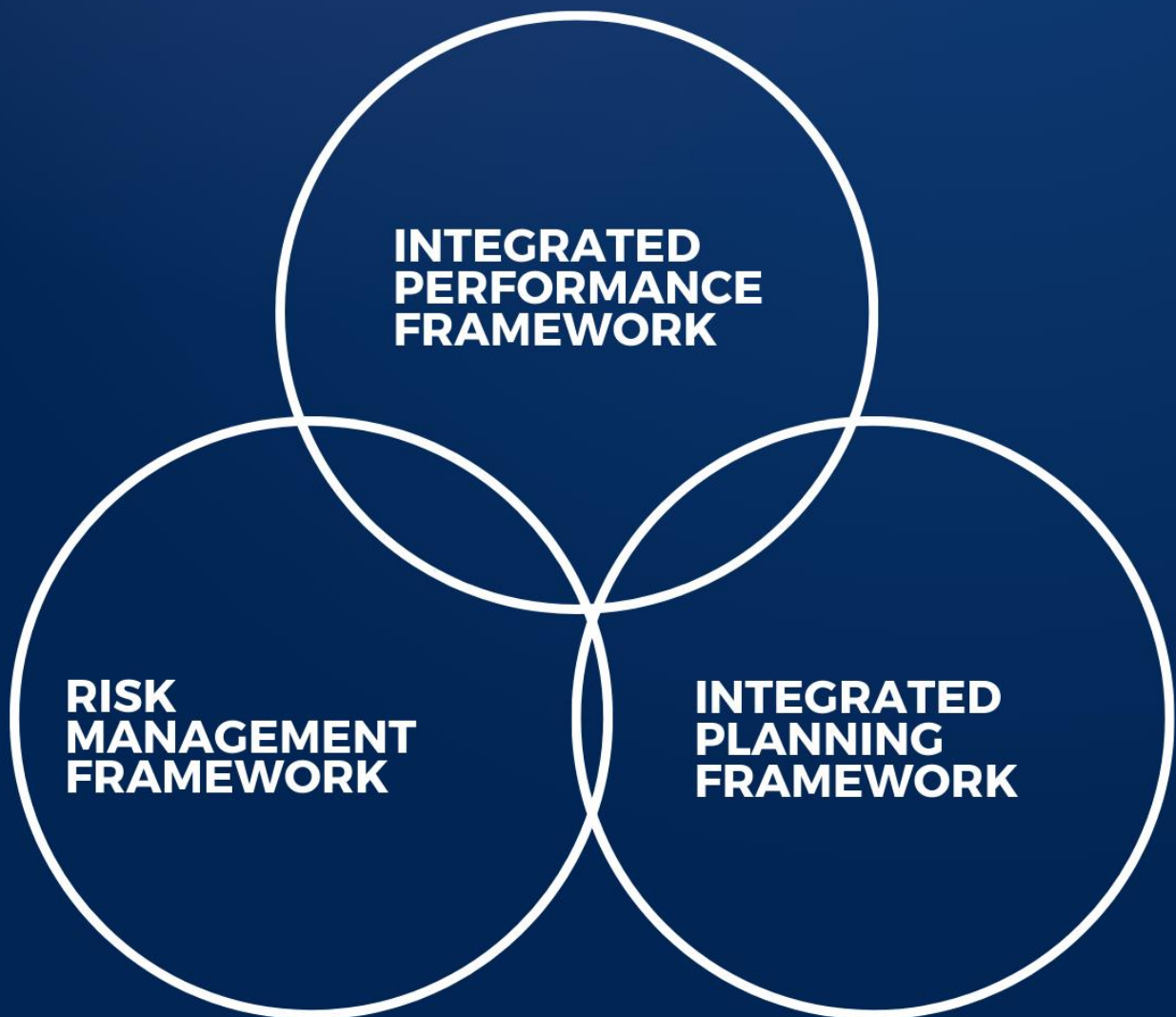


**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **INTEGRATED PERFORMANCE FRAMEWORK**

**2023-27**



## Version Control

Version	Author	Date	Summary	Signed off
Initial Draft	Ed Williams	04/09/23	Framework document produced	Mr R Caldicott
Draft v1	Ed Williams	12/09/23	Revision to produce revised draft	Mr R Caldicott
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# Betsi Cadwaladr University Health Board Integrated Performance Framework (IPF) 2023-2027

## 1 Purpose

- 1.1 Betsi Cadwaladr University Health Board (BCUHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of North Wales. To ensure that we achieve the best possible health and wellbeing outcomes for the residents of North Wales and that we provide the necessary standards of service, the Health Board sets out in its framework for improving performance processes to provide assurance on the comprehensive implementation of its Annual Plan 2023-2024 and Integrated Medium Term Plan (IMTP) 2024-2027.
- 1.2 The Integrated Performance Framework (IPF) (From here on in referred to as the Framework) is a key contributor to the Board Assurance Framework (BAF), the role of which is to ensure there is sufficient, continuous and reliable assurance on the effectiveness of the management of the major risks to the delivery of the Health Board's strategic objectives. Most importantly to the delivery of quality, patient centred services.
- 1.3 The purpose of this Framework is to integrate key performance indicators (KPIs) from:-
  1. Key deliverables from the Annual Plan (IMTP)
  2. NHS Wales Performance Framework (Quadruple Aims)
  3. Key deliverables in response to WG, HIEW and other formal recommendations
- 1.4 Figure i), below shows the key drivers for healthcare in Wales as required by Welsh Government's 'A Healthier Wales'. The Health Board's management functions including the Board need to be able to monitor progress upon these key deliverables.

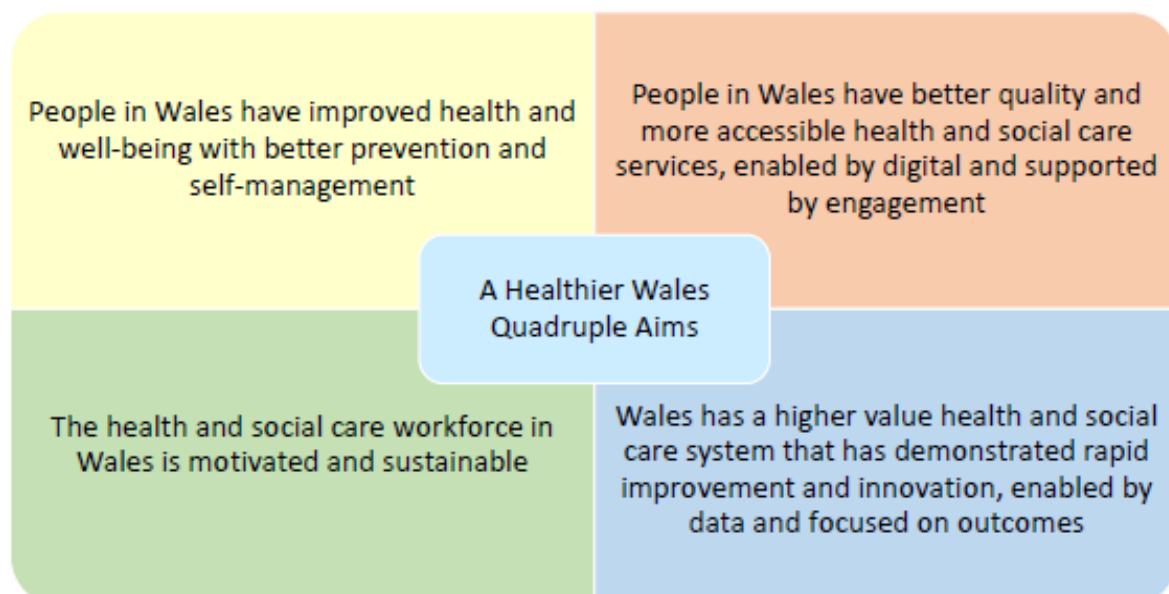


Figure i) A Healthier Wales Quadruple Aims. Source Welsh Government

- 1.5 This Framework will support the delivery of better outcomes for our patients and our staff, and ensure that all stakeholders understand their roles, responsibilities, and accountabilities. The management requirements of the Integrated Performance Framework (IPF) are aligned to the Health Board's corporate governance structure.
- 1.6 The Framework encourages and nurtures performance improvement through openness about our performance and innovation and engenders a commitment at all levels of the organisation to improve. The Framework is firmly based on our values:-
- Put patients first
  - Work together
  - Value and respect each other
  - Learn and innovate
  - Communicate open and honestly
- 1.7 This Framework reflects the Health Board's current level of performance escalation with Welsh Government. The Framework implementation approach will be subject to review should escalation levels change..

## 2. Scope

The Framework applies to all activities in all parts of the Health Board. The scope also includes all services the Health Board commissions externally.

The key purpose of the framework is to:

- Define roles and responsibilities for monitoring, managing and improving performance and performance assurance;
- Describe the structures required to deliver robust performance monitoring, management and improvement and performance assurance;
- Set out the processes of performance monitoring and management which will support the improvement of performance and performance assurance through proactive planning, problem solving and risk management.

The format and delivery of services may change over time. The areas where the Integrated Performance Framework apply are all Executive responsibilities and include IHC's, Directorates and Corporate Services.

The Framework is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.

## 3 Components of the Framework

### 3.1 Guiding Principles

The following principles underpin the framework:

- **Culture of Innovation and Improvement:** These arrangements will support the development of a culture of continuous performance improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients. This is supported by clear objectives at all levels that drive a culture of high performance and accountability, supported by the Performance Appraisal and Development Review (PADR) process. Good performance will be recognised, and staff supported and engaged with an understanding of expectations. At directorate, division and integrated community level, the Framework is to be used as a driver for cultural change and engagement.
- **Transparency:** Agreed performance objectives will be clear and performance measures transparent. Expectations and accountabilities will be clearly set out for individuals, directorates, division and integrated community and teams through agreed plans and performance targets and measures with clear escalation arrangements in place to manage non-delivery.
- **Integrated:** The performance management approach will be integrated, action orientated and focussed on delivering improved performance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, quality, financial and workforce performance, benchmarking and delivery of actions against planned milestones.
- **Proportionality and Balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support maintained. The framework will endeavour to balance the burden of reporting with the assurance requirements necessary for the Board.
- **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie with processes in place to manage escalation of poor performance or non-delivery against plan. This will be supported by the Executive Delivery Integrated Performance Group and directorate, division and integrated community review meetings to review and challenge delivery and performance.
- **Empowerment and Delegation:** Higher performance will earn greater levels of delegated authority and autonomy. Conversely, there will be greater levels of performance management intervention in underperforming areas. The Health Board's longer-term direction for performance management is to develop an approach that will allow consistently high performing directorates division and integrated community to be assessed against a clear set of governance criteria, with success resulting in reward such as reduced reporting frequency and flexibilities around decision-making innovative ways of working and prioritisation of investment resources within services.
- **Promoting excellence and quality:** ensuring service provision meets the "Fundamentals of Care" and NHS Wales's Health and Social Care Quality and Engagement Act.
- **Focussed on outcomes:** BCUHB will increasingly be more biased towards outcome based (eg Patient Reported Outcome MeasureS - PROMS) approach for services

directly provided and will work in partnership with other service providers where required.

- **Evolve over time:** The Framework is based on what can be measured now but will be updated as time progresses to reflect either new data becoming available or a change to regulatory or national oversight measures or BCUHB's strategic priorities.

## 4 Roles and Responsibilities

A key element of performance improvement and assurance arrangements is the need to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance across both directly provided and commissioned services. The Board's Strategic Objectives will be cascaded through the, Annual Plan 2023/2024 (IMTP 2024/2027) and directorate, Division and integrated community plans to inform objectives for all teams and individuals throughout the organisation, and measurable targets will be set and agreed. This links directly to the continuous development and improvement of individual PADRs and Personal Development Planning.

Whilst it is everyone's role to manage performance, the Board must drive a culture of performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the Annual Plan 2023/2024 (IMTP 2024/2027).

Effective performance monitoring, management and improvement in performance and performance assurance requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

### 4.1 Board

The Board has overall responsibility for the implementation of the Framework. The Board provides leadership and direction to the organisation and will agree the health board's vision, aims, strategic objectives and annual priorities through approval of the Annual Plan 2023/2024 and Integrated Medium-Term Plan (IMTP 2024/2027) and will undertake an annual assessment of its performance. The Framework provides evidence to support the Board in receiving assurances on performance, safety and delivery against these aims, objectives and priorities.

### 4.2 Chief Executive Officer

The Chief Executive Officer is responsible for the management of the organisation including ensuring financial and quality of service responsibilities are achieved within available resources, identifying opportunities for improvement and ensuring those opportunities are taken.

The Chief Executive has delegated responsibility for the detailed operation of the Framework to the Executive Director of Finance and Performance. To discharge this responsibility, the post holder will work with the Executive Directors to ensure effective performance monitoring, management, improvement and assurance arrangements are in place across the health board.

### 4.3 Executive Team

The Executive Team, through the Executive Delivery Integrated Performance Group, provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process.

### 4.4 Executive Directors

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the Annual Plan 2023/2024 and IMTP 2024/2027 and in the development and implementation of their own directorate, division and integrated community plan ensuring all plans are informed by evidence, achievable and challenging with particular reference to their areas of responsibility and/or expertise. Each Director also has responsibility for supporting the analysis and reporting of performance for their areas of responsibility through the structures set out in the Framework, including participating in Directorate Performance Reviews for all Directorates and leading the performance review of their own directorate.

Each Director holds accountability for the performance of the area for which they have delegated authority within their Job description and in the Scheme of Delegation.

### 4.5 Executive Director of Finance & Performance

In addition to the responsibilities described above, the Executive Director of Finance and Performance also has the delegated responsibility for the development and implementation of performance monitoring, management, improvement and assurance arrangements, and has delegated responsibility for preparing, implementing, and updating the framework.

### 4.6 Director of Performance Intelligence and Assurance

- Ensuring that robust systems are in place for the performance monitoring, management and assurance of national, local and internal targets;
- Preparing the Integrated Performance Report giving assurance to the Board on performance;
- Facilitating performance reporting to all relevant Board Committees, including the Performance, Finance & Information Governance (PFIG) Committee and to the Quality, Safety and Experience (QSE) Committee, including exception reporting for adverse performance;
- Ensuring that plans to address adverse performance are developed and implemented;
- Ensuring that governance arrangements to support performance monitoring, management and assurance are in place, robust and effective; and
- Ensuring that all aspects of the Health Board's responsibilities are reflected within the Framework.

### 4.7 Senior Leaders and Managers



Senior Management across the organisation has responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their directorate, division and integrated community plans and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of performance monitoring, management, improvement and assurance, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

#### 4.8 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information on their activity, and understand how that translates to the corporate performance of the organisation, taking positive personal action and responsibility to improve their own practice and performance.

Data input and data quality is a vital part of performance monitoring, management and assurance and in providing the right information for analysis enabling the detection of adverse performance and best practice or patient care and enabling changes and improvements to patient care to be undertaken effectively. All staff have a responsibility to contribute to planning and performance improvement through their Personal Appraisal and Development Review process.

#### 4.9 Performance – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision-making processes thus giving them greater responsibility for their own health. We must give patients adequate information on timescales, anticipated process, and their own responsibilities to assist the Health Board to provide efficient and effective treatment. This information will enable and encourage patients to question and monitor their own progress against targets.

#### 4.10 Performance – Equality and Socio-economic Duty

##### **The Equality Act (Section 149): Public Sector Equality Duty**

The Public Sector Equality Duty (the Equality Duty) created by the Equality Act 2010 in order to harmonise the previous race, disability and gender equality duties and to extend protection to the new protected characteristics listed in the Act. The Equality Duty replaced these duties and it came into force on 5 April 2011.

The duty covers age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. It applies in England, Scotland and in Wales. The general equality duty is set out in section 149 of the Equality Act 2010.

“When making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.”

##### **The General Duty**

The aim of the General Duty is to ensure that public authorities and those carrying out a public function consider how we can positively contribute to a fairer society through

advancing equality and good relations in our day-to-day activities. Public bodies, such as the Health Board are required to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

The Specific Duties set out the steps that listed bodies in Wales must take in order to demonstrate that we are meeting the General Duty. BCUHB is a listed public authority in Wales and is required as such to develop equality objectives and publish a Strategic Equality Plan.

### The Socio-economic Duty

Reference: *The Equality Act 2010 (Authorities subject to a duty regarding Socio-economic inequalities) (No. 2) (Wales) Regulations 2021*

The Integrated Performance Framework will include consideration and provision for compliance with the above Acts and Duties as appropriate. Working within the Framework we will aim at minimising health inequalities through targeted analysis of the Health Board's activities in deprived areas and/or patient groups identified as needing greater access to our services and demonstrate these through the performance monitoring and reporting system.

## 5. Coverage and Attributes

It is vital that the Framework supports an integrated approach for the Health Board to facilitate a robust assessment of performance across all aspects of service and delivery. To enable an integrated approach to performance monitoring, intelligence, management, assurance and improvement, the framework sets out the necessary attributes and coverage requirements of performance management and reporting processes.

The coverage requirements below set out the areas that inform assurance processes, and must be considered and evaluated within the framework of organisational performance.

### Coverage of the Integrated Performance Framework

Domain /Perspective	Description
Quality (Safety, Effectiveness & Experience)	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.  Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of Patient Reported Outcome MeasureS (PROMS) and Patient Reported Experience MeasureS (PREMS).
Access and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.

People & Organisational Development	A motivated and sustainable workforce that is well trained, and effective
Finance	Assurance that services are improving efficiency, productivity and delivery of financial plans, value-based health care.
Governance, Risk & Service Sustainability	Reporting progress against audit recommendations, management of risk registers fragile services and service sustainability. With alignment to Board Assurance Framework (BAF).

The attributes identified describe the necessary elements of reporting required to enable the effective implementation of the Framework.

### Attributes of the Framework

Attribute	Description
Link to Aims & Strategic Objectives	Clear links to strategic aims, objectives, and annual priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of adverse or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual intelligence providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics/ Intelligence	Looking beyond results to interpret and communicate meaningful patterns in data.

Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery. To enable regular monitoring of performance.
Performance Against Targets	Using status scales to communicate performance against plan/target/trajectory effectively.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and delivery of performance recovery.
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review escalations in particular pulling out 'performance hotspots'. Focus upon Accountability through management intervention - actions, consequences, tolerances, incentives

## 6 Business and Operational Use of the Integrated Performance Framework

### 6.1 Planning for Performance Delivery

Fundamental to robust performance management and improvement is alignment with the strategic planning cycle and processes. Developing robust plans will ensure a clear focus on delivery and a framework for prioritising resources. Coherent plans with clear alignment between the Annual Plan, Directorate Plans, Team Plans and Personal Appraisal and Development Reviews help to ensure that individuals and teams are aware of their personal accountability for the delivery of improvements in service and performance.

At every level of the organisation stemming from the Chair and Chief Executive Officer, staff will need to be involved in the process of agreeing plans, objectives, performance measures and targets to ensure ownership of the process and as a core component of the pay progression process. This means that performance improvements and objectives must be assessed, as stretching but achievable. These will reflect the Board's strategic objectives, translated into operational and individual objectives. Recognising that the workforce is key to delivery, the Health Board will reflect and incorporate learning on the deployment of planning and performance management across the organisation to ensure continued improvement.

Figure 2 below describes an alignment of plans to personal objectives and the relation to the Integrated Performance Framework.

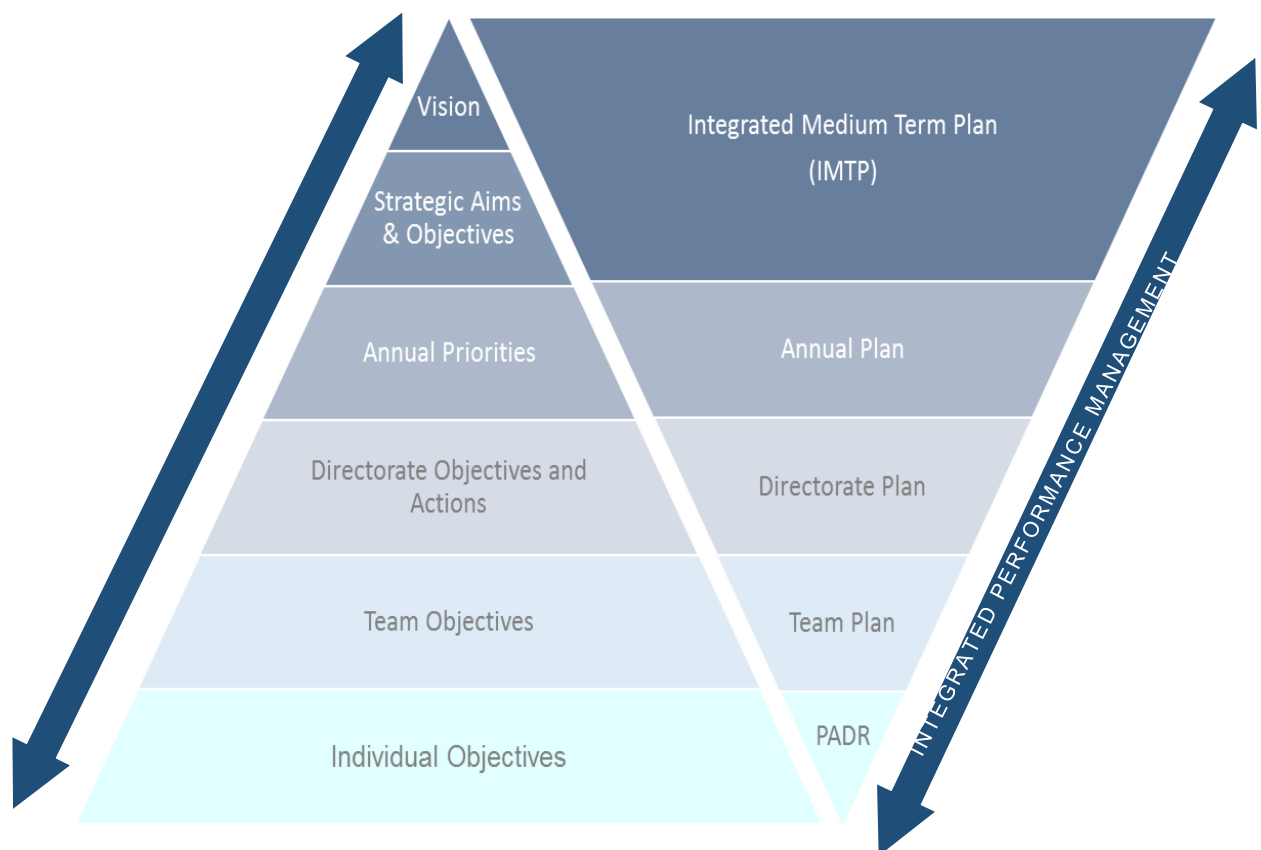


Figure 2: Integrated Performance Framework alignment to PADRs

## 6.2 Performance Intelligence, Reporting and Assurance

### 6.2.1 Measuring Performance

The use of targets, measures, indicators and trajectories and their deployment across the organisation is a key part of implementing the Framework. All means of measuring performance should facilitate organisational understanding of performance and delivery and therefore should have the following characteristics:

- Relevant
- Able to avoid perverse incentives
- Clear accountability
- Well defined
- Timely
- Reliable
- Comparable
- Verifiable

Performance measures will be agreed at various levels in the organisation. These include specifically Board, Board Committees, Directorate, Team, and at an individual level. Performance measures will include the following:

Performance Measure	Description
NHS Wales Performance Framework	The Health Board is measured on the delivery of services and processes through the specific measures of the NHS Wales Performance Framework. These contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national indicators of the Wellbeing of Future Generations Act, as well as its contribution to meeting the Social Services and Wellbeing Act requirements.
Minimum Data Set (Finance & NHS Wales Executive)	This data set introduced to measure against key areas of primary care, mental health, cancer care, unscheduled care, planned care and includes forecasts and actual in revenue and workforce planning.
Annual Plan 2023/2024 (IMTP 2024/2027) Outcome Measures	Additional measures will be agreed locally through Board approval of the IMTP and Annual Plan to monitor performance against priorities identified in the IMTP and Annual Plan.
Local Measures	Further local measures may be agreed at a directorate, division, integrated community and team level to support the delivery of plans.
Primary Care Performance	Primary care should be at the heart of the vision for health services in BCUHB. It is necessary that primary care performance systems and measures within the National Oversight Framework (NOF), the Quality & Outcomes Framework (QOF) and locally agreed key performance indicators are aligned to the health board's overarching Integrated Performance Framework.
Performance Trajectories	Performance trajectories are set where possible against targets and measures to demonstrate schedule for delivery and to enable the monitoring of improvement throughout the year. Trajectories against national measures, Minimum Data Set (MDS) measures and key priority areas are agreed through Board approval of the

	Integrated Medium Term Plan (IMTP) and Annual Plan and are to be monitored at committee level with additional trajectories set, agreed and monitored by Directorates/Teams as appropriate.
Social Services National Outcomes Framework	The Social Services Outcomes Framework applies to outcomes for people in need of care and support and carers in need of support. While this outcomes framework is directly linked to performance within social services it should be considered as part of the broader framework for delivery, and it therefore forms a key part of the whole system outcomes framework the health board aims to develop.

## 6.2.2 Business and Performance Intelligence

Business and performance intelligence will play a central role in providing both assurance to the Board, and critical intelligence to leaders and managers, teams and individuals throughout the organisation to focus improvement efforts. The development of this core organisational functionality will continue to receive focus as information capabilities across the range of areas of the health board continue to mature. The provision of effective business intelligence (data & information) and performance intelligence (context & rigour) will be key to ensuring that the organisation has a clear and consistent picture of performance and further work will take place in assuring the organisation of the integrity of the intelligence it places reliance upon. The relevant Board's Committee will have delegated responsibility to ensure that the integrity of data and information is protected ensuring valid, accurate, complete, and timely data and information is available for use within the organisation.

## 6.2.3 Benchmarking

Benchmarking performance will be a key component of improving service delivery. Using robust benchmarking will enable the contextualisation of performance through comparison to best practice and peers and will aid in the identification of areas for improvement. Benchmarking will be appropriately applied using comparisons internally, across Wales, across the U.K. or internationally as possible and applicable and strengthening the Health Board's ability to establish benchmarking across performance areas will be a key action. Benchmarking will utilise systems and national group examples such as the Comparative Health Knowledge System (CHKS), NHS benchmarking project Wales, NHS benchmarking club, Model system (English providers only, Get it right first time (GIRFT).

## 6.3 System of Reporting, Review, Escalation and Assurance

Performance reporting and review will take place at every level throughout the organisation, from the fundamentally important individual performance appraisals through to the Directorate Performance Review meetings. The reporting arrangements at all levels should be proportionate and regular ensuring an effective approach to monitoring performance, achievements and non-delivery and agreeing actions and follow-up to ensure corrective action when appropriate.

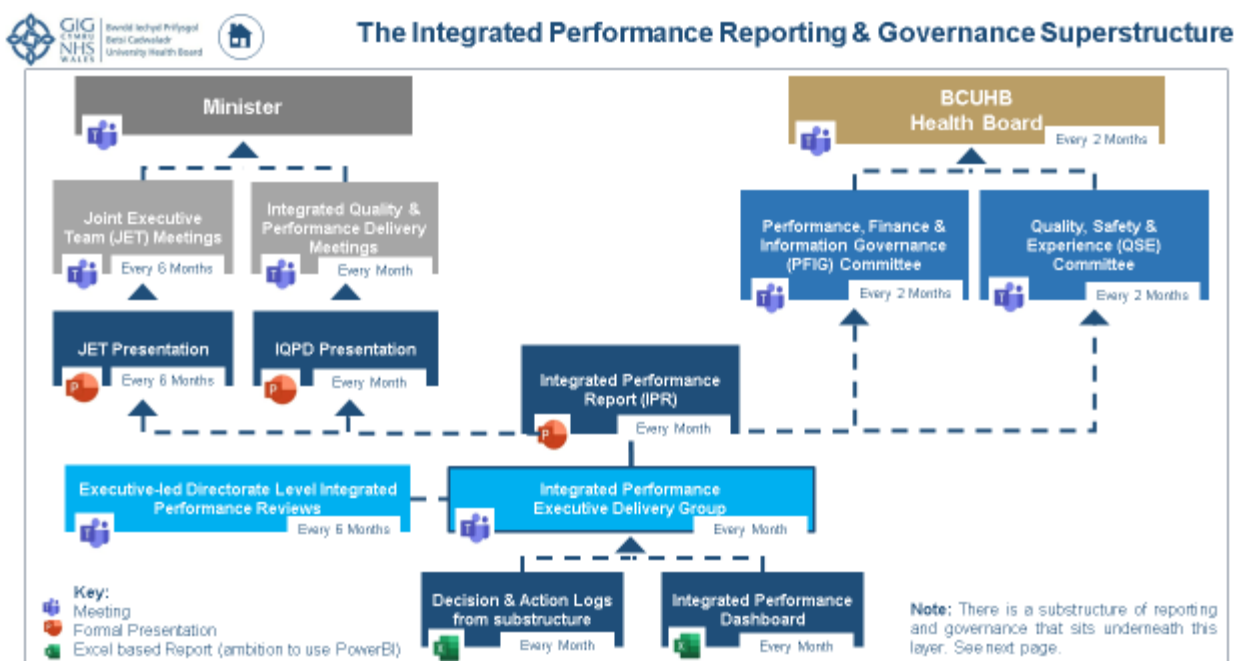
The Health Board’s principles predicate issues of performance should be managed and resolved at the appropriate level of accountability and authority. Identifying areas of inadequate performance that require escalation should be based on informed analysis of performance taking into consideration local context, national and local targets, trajectories, benchmarking and risk management.

The purpose of escalation is two-fold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the Board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case-by-case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

**Escalation & De-escalation** - Identification of performance issues for escalation will be based upon the nature and seriousness of the performance concern. De-escalation will occur through the delivery of management intervention, through the delivery of actions, consequences, tolerances, incentives.

This system of reporting and review, is designed to provide assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement, and delivery against the Annual Plan 2023/2024 (IMTP 2024/2027). Details on the reporting mechanisms can be found in Appendix B and the schedule for reporting and review in Appendix C.

The structure of reporting, escalation and assurance is described below in figure 3, this will require refinement and updating as the process evolves:





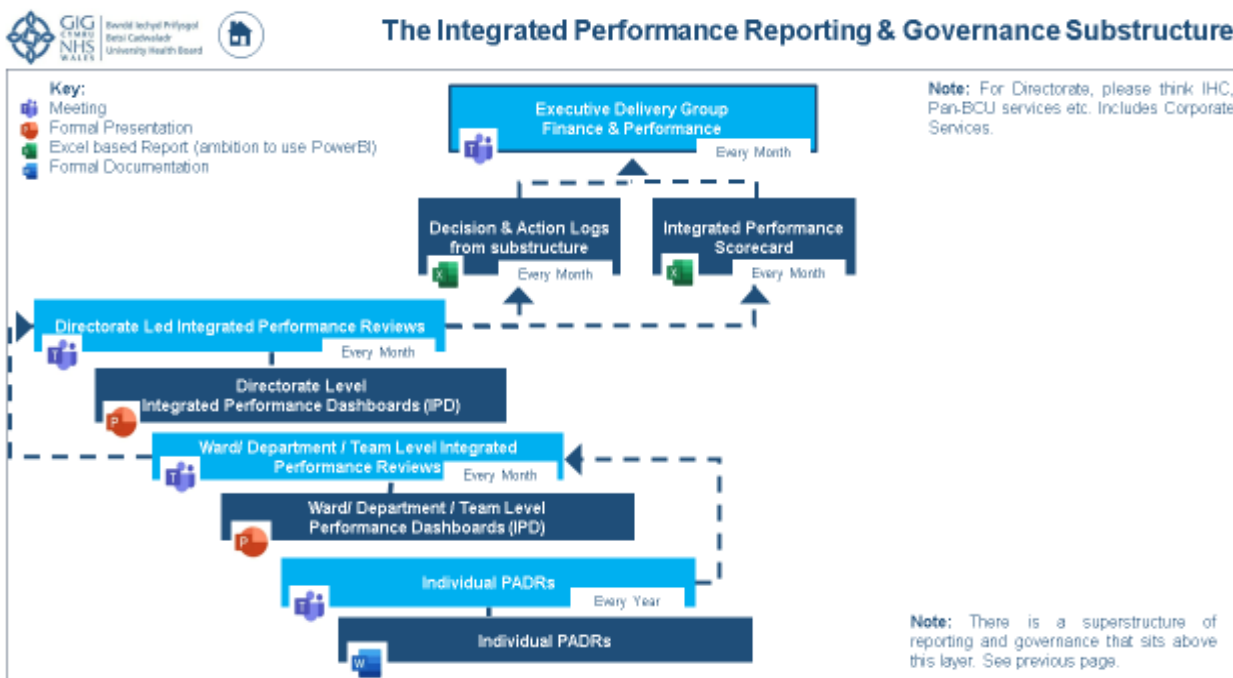


Figure 3: Performance Reporting Structure

Each element within the performance monitoring, management, assurance and improvement system serves a particular purpose in reviewing and monitoring performance, recognising good performance and celebrating achievements, identifying areas for improvement and managing the delivery of related actions contributing to providing assurance to board on performance and delivery. The scope, function and output of the mechanisms of performance management and improvement are described in more detail in Appendix A.

## 7. Escalation Arrangements

7.1 The way the PMF will operate is predicated on the principle that, wherever possible, issues should be resolved at Directorate, Division or Integrated Health Community (IHC) level and that Clusters, Service Groups and Corporate Directorates should work collaboratively and be mutually supportive in line with our values. This means escalation should be very much the exception and that, where it is necessary, proportionate and appropriate support and intervention takes place at the earliest opportunity to ensure performance remains on track to achieve our objectives.

7.2 First line intervention in relation to matters such as unresolved problems and persistent non-achievement of targets will be a dialogue between relevant Service Groups and Corporate Directors to understand the reasons for this. Arrangements will then be agreed to either improve performance or better manage the risk and progress monitored. Issues will be logged and the Executive Director of Operations advised if this issue has not been raised via the monthly Integrated Performance review meetings.

- 7.3 Second line intervention will be to the Executive Team via the Executive Delivery Integrated Performance Group meetings to understand the reasons for the failure to deliver and agree recovery actions with support to do this where necessary. The Executive Board will receive monthly performance updates as routine and where Service groups are escalated, where appropriate, will receive weekly updates.
- 7.4 Progress will be monitored at regular review meetings, with the frequency being determined based on the particular circumstances.
- 7.5 However, if this approach fails, an escalation process will apply in line with the performance triggers as per the NHS Wales Quality and Delivery Framework. **Further consideration will be needed to determine the precise escalation and de-escalation trigger points that will apply at Service Group and, where relevant, Corporate Department level.** The Executive Team will determine whether there has been “minor” or “material” variance from plan in either quality, performance or financial terms based on the performance reports supplied by Units. As a minimum, allocation of “red” status against the relevant indicator(s) in the Health Board corporate performance report will be regarded as a material deviation.
- 7.6 In areas where performance does not improve the Executive Director of Operations will agree with the Chief Executive Officer the support options available. The final decision on support options will rest with the Chief Executive Officer. The Performance and Finance Committee and the Board will be advised accordingly.
- 7.7 Escalation status for Service Groups and Corporate Departments will be reviewed monthly based on month end reporting against the key deliverables in the Health Board plan. The Executive Team will receive a monthly overview report which will assist in the determination of escalation and will also draw in other relevant matters as necessary. For clarity this will include elements of the following areas as relevant to the Service group or Corporate Directorate (other aspects will be added as required).
- Quality and safety matters e.g. Health Inspectorate Wales (HIW) inspections, never events
  - External reviews
  - Infection control
  - Patient experience
  - Any matters of public health
  - Performance against Plan deliverables
  - Financial performance
  - Unscheduled care delivery
  - Planned care delivery (OP, IP/DC, diagnostics, therapy)
  - Activity measures
  - Workforce matters, training, PADRs, revalidation
  - Cancer access
  - Primary care access
  - Immunisation and Vaccination

7.8 The levels of the framework are described below. Broad triggers are described as a level of judgement will need to be used about escalation decisions. However, the intention will be to maintain all service groups and corporate departments as low down the escalation framework as possible. These arrangements are summarised below. Consideration will be made, as the processes of using the Framework matures on increasing the breadth of the benefits of earned autonomy that could include fewer performance meetings, changes in financial delegations, lighter touch Vacancy and Non-Pay Control measures as examples. This will be considered as part of the continuous development of the Framework.

Esc. Level	Performance trigger	Escalation and Action	Monitoring	Support
Earned Autonomy	Local delivery of all agreed objectives and targets in line with agreed trajectory of improvement	This is an earned autonomy status and results in freedom from some of the monitoring mechanisms and meetings Main monitoring through base performance review process. (Weekly monitoring through executive team performance reports)		
Increased monitoring	Failure to achieve / maintain one or more agreed objective/deliverables at month end	Recovery plan setting out diagnosis of problem, actions, revised trajectories, timescales and risks to be provided by Service Group Director or Corporate Director to relevant Executive Director. This will be reported to the Executive Team.	Relevant lead to keep Executive Lead informed of progress and exceptions through <b>weekly updates to Executive Board and monthly feedback to Management Board</b>	No specific support at this stage
Support and Intervention	Continued failure to achieve / maintain more than one deliverable for 3 months	Weekly meetings to be established with relevant Executive Directors to review recovery plan and monitor progress  Area leadership to attend Finance and Performance Committee	<b>Weekly feedback to Executive Board and monthly feedback to Management Board</b>	Support options include one, or combination of the below options: - <ul style="list-style-type: none"> <li>• Internal peer review</li> <li>• Executive support</li> <li>• External support</li> </ul>

Special Measures	Continued and consistent failure to meet agreed targets and trajectories across a number of objectives	<p>Actions could include</p> <ul style="list-style-type: none"> <li>• Independent review of Unit / Corporate department effectiveness e.g. decision making processes, performance Improvement, clinical and staff engagement</li> <li>• Capability assessments of the officers leading within the services</li> <li>• Temporary management arrangements</li> <li>• Weekly meetings with the CEO</li> </ul>
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7.9 These arrangements are based on the assumption that there are no surprises and that there will not be rapid changes in performance. Where such events do occur e.g. a critical incident, the Executive Director of Operations or Lead Executive will escalate to the Chief Executive Officer as appropriate for a decision on handling.

7.10 The final decision on the escalation status of a Service Group or Corporate Directorate will rest with the Chief Executive Officer.

7.11 Reporting of escalation levels and associated actions to recover performance will be to the Management Board and to both the Performance and Finance Committee and the Quality and Safety Committee as determined by the performance challenges faced.

## 8 Feedback

Key to continuous improvement, learning and development is effective feedback. Feedback on actions taken, outcomes and learning will support the reporting and escalation process set out in the framework.

## 9 Review of the Integrated Performance Framework

Once the Integrated Performance Framework has been approved by the Board, it will be reviewed annually by the Board who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

## 10 Implementation

Implementation will be a phased approach, in particular in relation to Appendix A Performance Review Mechanisms and Appendix B Performance Reporting during 2023/24. The Framework will be fully operational from 1<sup>st</sup> April 2024 as described within Appendix C. The Integrated Performance Executive Delivery Group (IPEDG) will manage the implementation plan together with any infrastructure reporting changes required resulting from the implementation of this revised framework.

## 11.0 Supporting Information

## 11.1 NHS Wales Escalation and Intervention Arrangements (2014)

The Betsi Cadwaladr UHB Integrated Performance Framework sits within the broader performance management arrangements of NHS Wales. The Integrated Performance Framework assists the Health Board in fulfilling its duties to maintain appropriate governance arrangements to ensure it is operating effectively and delivering quality and safe care to patients. The Framework also supports the Health Board to provide accurate and timely responses to requests for information from Welsh Government and enables cooperation with action taken under the collective arrangements of the NHS Wales Escalation and Intervention Arrangements (2014) where necessary.

## 11.2 Board Assurance Framework

Performance management is a major part of BCUHB's assurance arrangements and an important component of its overall system of internal control. Performance reports and review meetings generate valuable information for an assurance framework and so performance reporting and the Board Assurance Framework are strongly aligned.

Performance reports will detail known performance issues and the planned corrective action. These, in turn, will be reflected in the assurance framework within the descriptions of gaps in control. Similarly, the results of performance reporting will be used to regularly review the effectiveness of internal controls and inform integrated planning processes.

## 11.3 Strategic Planning Cycle

The effective alignment of the Framework for Improving Performance with the Strategic Planning Cycle is vital for the success of planning in the organisation. The implementation of the Framework for Improving Performance will facilitate a more robust understanding of achievements, risks and issues to delivery, highlighting issues of capacity, resource and prioritisation. This will enable the Integrated Medium-Term Plan, Annual Plan, Directorate Plans and Team Plans to be evidence based, challenging and achievable.

The Framework for Improving Performance supports the Health Board's strategic planning cycle at each stage of the cycle as follows:

Stage	Performance Management Contribution
Plan	<ul style="list-style-type: none"> <li>Informing the development of organisational strategic aims and objectives based on robust evidence of delivery and risks.</li> <li>Informing the development of future plans through identifying risks and issues in delivery and performance.</li> </ul>
Execute	<ul style="list-style-type: none"> <li>Driving the quarterly review of delivery against plan and ensuring action plans to enable corrective action where performance deteriorates.</li> </ul>
Manage	

## 11.4 Strategic Commissioning Framework

The Framework for Improving Performance is a key part of the implementation of the Health Board's Strategic Commissioning Framework. It supports the stages of the commissioning cycle as follows:

Stage	Performance Management Contribution
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Analyse	<ul style="list-style-type: none"> <li>• Demonstrating performance against targets, outcome measures and benchmarking.</li> <li>• Identifying current performance trends and risks to delivery.</li> </ul>
Plan	<ul style="list-style-type: none"> <li>• Providing robust evidence to support prioritisation and development of aims, objectives and plans.</li> </ul>
Do	<ul style="list-style-type: none"> <li>• Monitoring delivery against plan and targets and ensuring action plans to enable corrective action where performance deteriorates.</li> </ul>
Review	<ul style="list-style-type: none"> <li>• Supporting assessment of performance and improvement in delivery.</li> </ul>

## 11.5 Integrated Performance Framework – Gaining oversight on commissioned and provided services and ensuring consistency of performance oversight.

### 11.5.1 Commissioned Services - Commissioning Performance & Assurance via Integrated Performance Executive Delivery Group (IPEGD)

For services BCUHB commissions, it is important that the Clinical Quality Performance and performance reviews of delivery are undertaken. The services will form part of the Integrated Performance Executive Delivery Group (IPEGD) meetings and service performance reviews and are a vital mechanism to the way in which the health board seeks assurance on the performance of its commissioned services. This framework will monitor performance on a monthly basis against the core areas of this framework:

#### Coverage of the Integrated Performance Framework

	Coverage	Description
Core Areas	Quality, Safety, Effectiveness & Patient Experience	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.
		Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.
	Access & Activity	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
	People & Organisational Development	Assurance that our people (workforce) are well motivated, sustainable and enabled to carry out their remits.
	Finance & Activity	Assurance that services are improving efficiency and productivity and financial plans are being delivered.
	Finance & Value	Prudent or value-based health care

Governance & Risk Management	Reporting progress against audit recommendations, the management of risk registers and links to Board Assurance Framework (BAF).
Table 11.1	

All elements of the performance information sought and reported through the IPG meetings will be utilised within organisational performance management processes. A monthly commissioning report will be produced to provide an integrated performance update across each provider the health board commissions from and presented on a bi-monthly basis to Executive.

A dashboard will be created for each provider that will feature overall performance information across the core access domains selected alongside a Betsi Cadwaladr specific sub-set where information allows. This will give greater insight into the services residents are receiving out of county versus the resources deployed. It will also provide an update to report progress against strategic plans.

### 11.5.2 Betsi Cadwaladr Provider Services

To ensure consistency of reporting and parity of insight, services provided within Betsi Cadwaladr will also be measured against Core Areas of the Integrated Performance Framework as per the table 11.1 above.

### 11.6 Performance and Outcomes Frameworks

There are three key National Outcome Frameworks which need to be considered within the Framework for Integrated Performance; The NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework. These frameworks set out the population and process outcomes to be delivered through both health and social care.

The Health B together with the County Councils (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire & Wrexham) will work from 2023/24 to develop a coherent whole system performance outcomes framework; aligning these three frameworks and other performance frameworks to enable more efficient and effective performance management and improvement across health and social care. Further details of the three frameworks are provided below.

### 11.7 Wellbeing of Future Generations Act (2015)

The Wellbeing of Future Generations Act sets a legal requirement on Welsh Ministers to set national indicators for the purpose of measuring progress towards the achievement of the national wellbeing goals. Other performance management and indicator frameworks should be viewed in the context of the Wellbeing of Future Generations Act.

### 11.8 NHS Wales Performance Framework, includes Ministerial priorities

Organisational delivery measured against the NHS Wales Performance Framework 2022/23 evidences the delivery of services and processes that contribute to the goals of the Public Health Outcomes Framework for Wales and ultimately the national indicators of the Wellbeing of Future Generations Act. The Betsi Cadwaladr UHB **Integrated Performance Framework** seeks to support the health board in providing assurance to the

Welsh Government that it is delivering against priorities and driving up standards through reporting against the delivery framework measures.

Performance reporting within the health board will be aligned to its Integrated Medium Term Plan (IMTP) or Annual Plan, and therefore to the agreed aims and strategic objectives. However, the alignment to the four NHS Wales performance domains will be maintained through the comprehensive reporting against the measures within the national performance framework.

### **11.9 Public Health Outcomes Framework**

While not a performance management framework in itself, the Public Health Outcomes Framework enables a greater understanding of the impact of individual behaviours, public services, programmes and policies on health and wellbeing in Wales. The framework was developed within the context of the other national outcomes framework and more particularly underpins the national indicator for the wellbeing of Future Generations Act, providing a detailed range of measures that reflect the wider determinants that influence health and wellbeing. Accordingly, the Public Health Outcomes Framework will likely be integral to the development and monitoring of the Betsi Cadwaladr Public Service Board's Wellbeing Plan and the Health and Care Strategy for Betsi Cadwaladr

### **11.10 Social Services Outcomes Framework**

The Social Services Outcomes Framework was developed to fulfil the requirements of the Social Services and Wellbeing Act (2014). The outcomes framework sets the national direction to promote the wellbeing of people who need care and support and carers who need support in Wales, it describes the important national wellbeing outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives and it also provides greater transparency on whether services are improving wellbeing outcomes for those people who need care and support and carers who need support.

### **11.11 Health and Social Care (Quality and Engagement) (Wales) Bill / Act**

To include associated performance measures as they become operable within the Welsh NHS including Duty of Quality and Duty of Candour.



## Appendix A: Performance Review Mechanisms

### A.1 Personal Appraisal and Development Review meetings

Performance Appraisal and Development Reviews (PADR) are protected quality time for staff and their manager to have a meaningful conversation so that staff know what is expected of them and they understand how their contribution helps the organisation achieve its vision, aims and objectives and helps to deliver the best possible care and services for the people of North Wales. They are therefore the principle process of the deployment of planning and performance management and improvement across the workforce.

Regular and meaningful conversations and meetings should be used to set individual objectives and review progress, rewarding and recognising good performance. Performance and attainment of satisfactory appraisal ratings at year end appraisal are linked to pay progression, therefore it is important that individual objectives are agreed, are reasonable in number, clear, challenging and measurable. It is both the employee and manager's responsibility to ensure they have an appraisal meeting scheduled for six weeks before an increment date with regular reviews in place. It is also the responsibility of all staff and managers to plan and prepare for their appraisals.

### A.2 Team Performance Reviews

Teams should regularly review their performance against their team plan using this to inform personal objective setting and the directorate reviews.

### A.3 Directorate Integrated Performance Review Meetings

Directorate Integrated Performance Reviews will be held quarterly and will enable the Executive Team to hold Directorates to account for delivery against plan and agreed performance management and improvement measures and support the development of integrated plans, by:

- Reviewing directorate performance against directorate plan and agreed performance measures and trajectories.
- Ensuring directorate performance management and review is integrated, thus considering all perspectives i.e. Quality & Safety; Patient Experience; Access & Activity; People & Organisational Development; Finance; and Governance.
- Investigating and challenging areas of non-delivery and ensuring improvement plans are in place,
- Exploring learning opportunities and areas of best practice
- Identifying requirements for additional support and guidance in managing delivery and developing plans.
- Ensuring a culture of high performance and continuous improvement.

The scope, function and output of these meetings is described in figure 4 below and further details are included in the Terms of Reference.

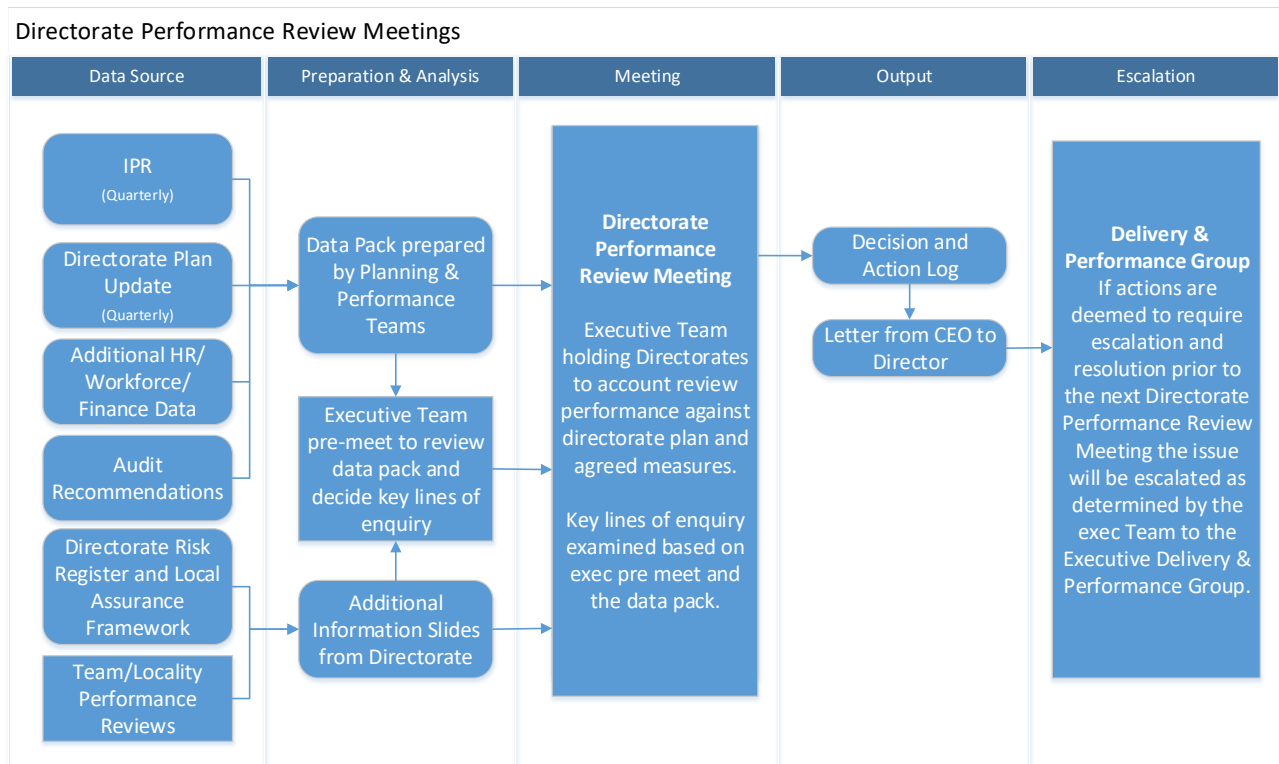


Figure 4: Scope and function of Directorate Review Meetings

#### A.4 Integrated Performance Executive Delivery Group

The Integrated Performance Executive Delivery Group will oversee the management of an effective system of integrated governance, risk management and internal control across the whole organisation's activities, both clinical and non-clinical and for both directly provided and commissioned services.

The Group sets out the appropriate frameworks and procedures to support delivery of the organisational objectives including the development of the Integrated Medium Term Plan (IMTP) or Annual Plan and will continually monitor and review operational performance, putting in place corrective measures where necessary.

The group will also focus on performance across commissioned services in order to allow the appropriate scrutiny and review to a level of depth and detail necessary in respect of health board performance.

#### A.5 Finance, Performance and Information Governance (PFIG) Committee

The PFIG Committee of the Board enables the scrutiny and review of matters of financial management and monitoring, planning arrangements, commissioning arrangements and performance against the delivery of national outcome measures and targets, information governance as well as capital and estate issues.

The Committee's purpose is to provide assurance to the Board on the arrangements in place and to provide evidence based and timely advice to assist the Board to discharge its responsibilities in these areas as well as in relation to performance management and improvement within the organisation and the delivery of aims and objectives.

#### A.6 Quality, Safety and Experience (QSE) Committee

The Committee's role will be to receive performance information pertaining to qualitative metrics, to assure the Board of areas of high performance and where improvement is required appropriate actions have been taken / are to be taken by management.

Committee will assure the Board of maintenance of appropriate quality standards in place, highlighting performance compared to planned attainment.

## **Appendix B: Performance Reporting Board and relevant sub-committees**

### **B.1 Key Reports**

Performance monitoring, management, assurance, and improvement and the process of reporting should be rigorous without being overly burdensome. The Performance team have developed an initial report currently received by the Board and relevant sub-committees, with this report subject to further development to include Statistical Process Control Charts (SPC) that articulate historic performance compared to actual and planned in year delivery.

### **B.2 Assessing Performance and Delivery**

To facilitate the organisation in monitoring, anticipating and responding to performance, a system of reporting and assessing and rating performance and delivery will be used. The system described in Appendix C below will be implemented across all levels of performance management across the organisation.

## **Appendix C - Assessing performance**

The principal mechanism for assessing performance and agreeing actions to improve performance will be routine performance review meetings. The base arrangements for these meetings are set out below for Directorates, Divisions and Integrated Health Communities. Any earned autonomy or escalation outside of these arrangements is set out in the Escalation section of this Integrated Performance Framework.

### **C1 Directorate, division and integrate community performance meetings**

There will be monthly performance review meetings with each directorate, division and integrated community, with the first two meetings of a quarterly cycle being different from the quarterly meeting (third meeting each month).

### **C2 Executive Delivery Integrated Performance Group will routinely meet**

On a monthly basis, the group will meet to review performance within key performance metrics that support attainment of the IMTP and will involve the following individuals: -

- Chief Executive Officer
- Executive Director of Finance and Performance
- Executive Director of Operations
- Director of Performance Intelligence & Assurance

- Service Group Director
- Service Group Medical Director
- Service Group Nurse Director
- Finance Business Partner
- Workforce Business Partner

Other members can be co-opted to cover areas of specialist expertise should this be determined to be helpful.

The meeting will focus on a sub set of key quality, performance, people and finance metrics as required by the Health Board Plan; this will be done by exception. Should separate, more detailed discussions to monitor underperformance be required, these will be agreed through the performance review process, as will any escalation for continued underperformance under the Health Board's capability policies.

There is a clear expectation that the reviews will build upon the historical reporting to look ahead on a rolling quarterly basis and define the critical actions to ensure performance is delivered and where relevant recovers from any position of variance.

The meeting will be chaired by the Chief Executive Officer, with the Executive Director of Finance the vice-chair.

The review will consider the content of the Service Group's balanced scorecard and supported by agreed action notes for each session in accordance with the terms of reference endorsed within the Executive Delivery Integrated Performance Group.

### **C3 Service Directorates (examples being Integrated Health Communities, Mental Health and Learning Disabilities) will have Quarterly performance review meetings.**

This meeting will involve the full Executive Team of the Board and will include a wider representation of the Directorate, Division or Integrated Health Community broader leadership team. The meetings will be two hours long.

The quarterly performance review meeting will cover wider aspects of the performance of the Service Group and chaired by the Health Board Chief Executive. Where necessary, deep dives into key areas of challenged quality and performance will be requested in advance and considered within the meeting agenda. This meeting will also consider Service Group progress against its specific actions set out in the Health Board plan, reflecting this, on a quarterly basis. These reviews will also include specific consideration of the highest rated risks for the Service Group and mitigating actions to manage these.

The review will consider the content of the Service Group's performance statement and supported by agreed action notes and a formal letter from the Chief Executive.

The precise format of the reviews will be determined in consultation with the Chief Executive. The quarterly review at the end of Quarter 4 will act as a review of the year in total and a discussion on delivery plans for the year ahead.

#### **C4. Corporate Directorate will have six-monthly performance review meetings**

The Chief Executive Officer will chair the reviews and will focus on key objective delivery and integrated approach to performance, supported by agreed action notes and a formal letter from the Chief Executive Officer.

#### **C5. Local Performance Intelligence and Assurance Arrangements**

In conjunction with each Service Group and Corporate Directorate, the Performance Intelligence & Assurance Directorate will look to implement local performance reporting and management systems. Directorate, Divisions and Integrated Health Communities arrangements will include, as a minimum, the following areas of discussion on a minimum of a monthly basis.

- Quality and safety meeting through which risk, clinical governance, patient experience, health & safety performance be reviewed
- Performance meeting to include reporting on Key Performance Indicators (KPIs), projections and agreed local action to include activity compared to plan, delayed pathways of care, length of stay and urgent and emergency attendance (where applicable)
- Workforce key performance data on attendance, turnover, mandatory training compliance and attrition
- Monthly financial position review (key drivers of the financial position to be discussed in detail)
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities

#### **C6. Crossing lines of responsibility**

This Framework does not set out arrangements for a process to manage aspects of performance that cut across lines of management responsibility. In the first instance, these, “whole system” performance matters will be considered within each Service Group/Corporate Directorate through existing lines of accountability. As the Framework matures there is a need for discussions regarding how to develop effective cross-system performance management arrangements structured to incentivise good performance and deploy proportionate and appropriate accountabilities to improve performance that is off target.

### **Appendix D - Performance Analysis/Reports IPG**

- D.1 To support the performance review process, the Performance Intelligence & Assurance Directorate (hosted within the Finance and Performance Directorate), will produce a range of integrated performance reports.
- D.2 The Integrated Performance Executive Delivery Group (IPEDG) monthly performance review meeting will be supported by the production of a monthly balanced scorecard report. The scorecard will feature the quadruple aims as set out in the NHS Wales Performance Framework and the content agreed to reflect the key deliverables within each Directorate, Division or Integrated Health Community. The quadrants are as follows: -

- Our Quality, safety, effectiveness and experience
- Our Performance for access and activity
- Our People (staff experience) and organisational development
- Our Finance & efficiency

- D.3 The reporting for the quarterly reviews for operational groups will be based on the established “performance statement” product issued by the Performance Intelligence & Assurance Directorate each month and it will be expected that the group reports this information through a PowerPoint pack to aid discussion based on priority areas and exception.
- D.4 A pack for the Corporate Directorates will be developed and this is likely to reflect the balanced scorecard report, although it is acknowledged that there will need to be modifications to reflect the nature of the functions.
- D.5 A performance summary will be produced directly to Directorate, Division and Integrated Health Community leaders to highlight potential emerging areas of risk. Work is underway to replace this report with a more functional on-line dashboard product with more real time information.
- D.6 The final section of this Framework covers reporting to Board and to Board level Committees.
- D.7 The Integrated Performance Executive Delivery Group (IPEGD) will develop a reporting scorecard for onwards sharing within the Governance of the Health Board that will include a rag rating report to visually articulate performance across the directorates, divisions and integrated communities.