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University Health Board

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Performance and Accountability Framework

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1. The Performance and Accountability Framework

1.1. What is the Performance and Accountability Framework?

The Performance and Accountability Framework sets out the means by which the Health Board can easily identify areas of excellence for wider sharing and celebration and areas where additional support may be required. It is the framework by which the Board, Executive Leadership Team, hospitals, community & primary care area leadership and specialty teams, and corporate functions are held to account for their performance.



Summary Performance and Assurance Management Cascade

This framework is designed to hold teams to account for delivery of team targets; it is aligned to the Personal and Developmental Review (PADR) process.

Team and individual objectives are aligned to the Performance and Accountability cascade outlined above:

- The Welsh Government has laid out the national Strategy for A Healthier Wales;
- The Board develops strategies that deliver for “A Healthier North Wales”;
- The Executive Leadership Team develop detailed plans to implement the strategy, clearly laying out the responsibilities of teams for delivery.
- Team plans then inform individual performance targets

1.2. What do we mean by Performance?

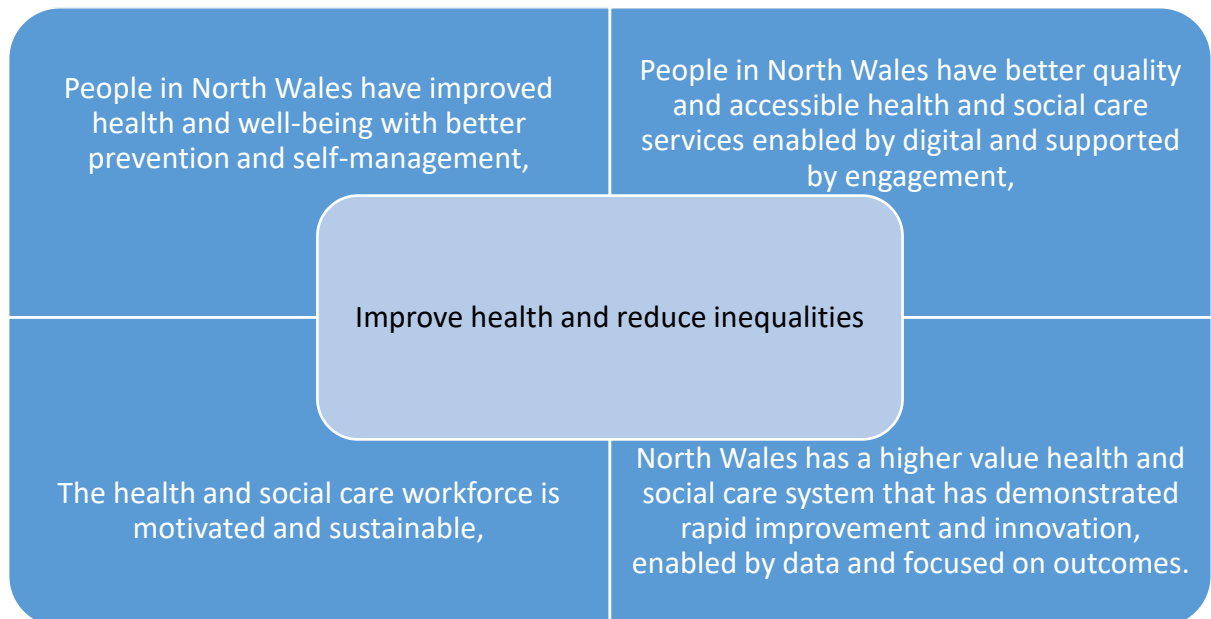
The health board seeks to provide the highest quality services to our patients; performance is a multi-faceted term and covers both **what** teams are delivering and **how** they deliver.

1.2.1. How do we measure what teams are delivering?

1.2.1.1. Outcomes for Patients

From a National perspective, our performance is viewed through four domains reflected in the NHS Wales Delivery Framework 2020-2021 (as amended from time to time):

- People in North Wales have improved health and well-being with better prevention and self-management;
- People in North Wales have better quality and accessible health and social care services enabled by digital and supported by engagement;
- The health and social care workforce is motivated and sustainable;
- North Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.



1.2.1.2. Learning and response to Covid-19

Our performance, corporately and as teams is also measured against the impact of Covid-19 on the communities we serve to avoid:

- Harm from Covid itself;
- Harm from overwhelmed NHS and social care system;
- Harm from reduction in non-Covid activity;
- Harm from wider societal actions/lockdown.

1.2.1.3. Delivery of our strategy for North Wales

Teams will have targets set to contribute to the delivery of BCUHB strategies and strategic priorities and plans.

1.2.1.4. Sustainability of Health Care in North Wales

While living within their financial allocation must be a fundamental priority for managers, the Performance and Accountability Framework is explicit in its intent that performance be managed across the four domains set out above

1.2.2. How do we measure how teams are delivering?

Performance meetings and reports will also focus on how teams deliver; this will include:

- How teams work together and support each other to deliver performance for our patients;
- How teams work with other teams to deliver joint performance targets for our patients;
- How teams work with other teams to support them deliver performance for our patients;
- Areas of excellence and learning;
- How teams develop improvement plans to address areas of non-delivery, including the quality of those plans and identification of any support required; and
- How effectively teams are proactively using the integrated governance framework to identify and manage risk, escalate issues and share learning.

The emphasis in the Performance and Accountability Framework is on recognising areas of excellence and on improving performance at all levels in the Health Board.

1.3. What do we mean by Accountability?

Accountability is about ensuring that those making decisions and delivering services are answerable for them, although the range and strength of different accountability relationships varies from function to function. Effective accountability is concerned with not only reporting on actions completed, but also ensuring that stakeholders are able to understand and respond as the entity plans and carries out its activities in a transparent manner.

2. Accountability for Performance

2.1. Accountability structure

The accountability structure replicates the cascade laid out in section 1.1 and is set out below:

1	Place based teams are accountable to local leadership teams.
2	Local leadership teams are accountable to Regional leadership teams.
3	Regional leadership teams are accountable to Executive Directors.
4	Executive Directors are accountable to the Board via the Chief Executive and the Board Assurance Committees.
5	The Board is accountable to Welsh Government.

2.2. Accountable Managers

Executive Directors, regional, local and place based leaders are considered Accountable Managers for their areas of responsibility. They are therefore fully responsible and accountable for the managing their teams and for services they lead and deliver.

Accountable Managers are required to have formal performance management arrangements in place with the individual services they are responsible for, to ensure delivery against performance expectations and targets.

2.3. What are managers accountable for?

It is the responsibility of Accountable Managers to identify proactively issues of underperformance and to act upon them promptly and to the greatest extent possible to avoid the necessity for escalation within the organisation.

- Accountable Managers and teams have responsibility and accountability for all aspects of service delivery;
- Accountable Managers and teams have responsibility and accountability for the performance of services and the outcomes for patients within their allocated budget;
- Accountable Managers and teams have responsibility and accountability in relation to the identification and management of risk;
- Accountable Managers and teams have responsibility and accountability in investigating and disseminating learning from incidents;

- Accountable Managers have responsibility and accountability to report on their team's performance, areas of excellence, development of Impact Improvement Plans or the nature of support or interventions to achieve targets.

Accountable Managers will each be provided with a budget to deliver the services set out in the Health Board's Annual Plans and in their service level Operational Plans. They are accountable for their performance in delivering against these plans, within budget and for any specified performance improvements.

Once *realistic and achievable measures for performance and performance improvement have been set and agreed*, these will form the basis for performance monitoring and management.

It is acknowledged that in a minority of cases, achieving performance against plan may not be fully within the operational control of an individual Accountable Manager. Where this is the case, Line Managers are required to clearly identify and quantify these issues and share accountability for both the Impact Improvement Plans and actions required to address these challenges. Once these issues have been identified and quantified, they will be specifically reflected within the relevant Accountability and Assurance Agreements. These shared accountabilities will be the exception rather than the rule and will not dilute the accountability of Accountable Managers for delivering on their overall budget and plan.

2.4. What is an Accountability and Assurance Agreement?

Senior managers at Executive and Regional levels are required to sign an Accountability and Assurance Agreement. These agreements, between the Chief Executive and individual Senior Managers set out the scope of what they are responsible for and against which they will be held to account including the specific budget and staffing levels to achieve the deliverables agreed and such agreement shall not be unreasonably withheld.

The Accountability and Assurance Agreement is written confirmation that Senior Managers;

- Accept responsibility and accountability for producing and delivering their operational, impact improvement, quality, governance and financial plans.
- Accept the regime of supports, interventions and sanctions set out under the Performance and Accountability Framework.

3. What is the Performance Management Structure?

The management of performance is primarily through performance conversations within teams, holding themselves to account for delivery and developing Impact

Improvement Plans as necessary, reporting and holding to account for delivery will be in line with the cascade outlined in section 1.1.

3.1. What is the Performance Oversight Group [POG]?

The Performance Oversight Group (POG) is the key performance and accountability oversight and scrutiny process for the Health Board to support the Chief Executive in fulfilling their accountability responsibilities.

It is the responsibility of the Performance Oversight Group as a part of the overall accountability process, to scrutinise the performance in all areas of the Health Board, to assess performance, understand key risks, investigation and learning from incidents and Health Board specific targets and priorities. The POG will also identify areas of excellence and best practice for sharing and dissemination.

The POG meets on a monthly basis to review performance across the Health Board.

The standing membership of the Group is the;

- Deputy Chief Executive and Executive Director of Nursing (Chair)
- Executive Medical Director
- Executive Director of Workforce and Organisational Development
- Executive Director of Planning and Performance
- Executive Director of Primary Care and Community Services
- Executive Director of Finance
- Executive Director of Therapies and Health Sciences
- Executive Director of Public Health
- Executive Director of Mental Health and Learning Disabilities
- Interim Chief Operating Officer

POG will routinely meet with each regional team individually every 3 months to hold them to account for their performance, risk and learning from incidents.

POG will decide whether to hold additional monthly or bi-monthly escalation meetings with the team where a regional or local team has one or more areas of performance at escalation level 2 or above. POG will decide whether the meeting will cover all areas of performance, risk and learning (full POG) or only those in escalation (part POG).

In addition, POG may hold thematic reviews of performance where there are similar concerns across a number of teams, or the actions of one team are adversely affecting another.

Individual Accountable Managers will be required to attend routine POG meetings and additional meetings when required for performance issues or escalation.

3.2. What other performance oversight processes will be in place?

3.2.1. Monthly Performance Review Meetings

The relevant Executive Director will hold individual Performance Review Meetings (PRM) monthly supported by two other relevant Executive Directors or their deputies and the Performance Team. The PRM will cover:

- Patient safety, quality and compliance (including key learning from incidents and events)
- Service performance against patient outcome targets
- Service performance against BCUHB strategic, tactical and operational targets
- Financial and workforce performance
- Governance (including top risks)
- Celebrating success
- Impact Improvement Plans
- Contribution to BCU corporate priorities
- Other agenda items as agreed

3.2.2. Annual Performance Review Meetings

As part of the normal POG cycle of business formal Performance Review Meetings (PRM) will be held annually, the purpose of these meetings will be to:

- Review organisational performance for the previous year against the annual Accountability and Assurance Agreements;
- Plan for the set-up of the coming year in advance of the annual Accountability and Assurance Agreements being signed.

3.2.3. Exceptional Performance Review meetings

Both the Finance and Performance Committee and the Quality, Safety and Experience Committee may request or the Chief Executive may decide to convene Extraordinary Performance Review Meetings with specific Accountable Managers and their teams where significant performance issues are identified.

3.2.4. Service level performance management processes

It is a core responsibility of each Accountable Manager to manage the delivery of services for which they have responsibility.

Each level of management is accountable for the service they manage, for which they are required to:

- Keep performance under constant review;
- Have in place a monthly performance management process that will include formal performance meetings with their teams aligned with the accountability structure;

- At these meetings agree, monitor and report on actions to address underperformance;
- Take timely corrective actions to address any underperformance emerging and develop Impact Improvement Plans;
- Assess the effectiveness of team working.

Key points

- Accountable Managers are responsible and accountable for the performance of the teams and services they manage before during and after escalation.
- Senior Managers are required to sign an Assurance and Accountability Agreement.
- Accountable Managers are expected to have in place, a monthly performance management process that will include formal performance meetings with their next line of managers aligned with the accountability structure.
- Monthly Performance Review Meetings will be led by an Executive Director, supported by relevant Executive Directors or their deputies and the Performance Team
- POG is responsible for monitoring and scrutinising performance and will hold performance review meetings on a risk based approach

4. Describing performance expectations and reporting

4.1. Describing performance expectations

4.1.1. National

NHS Wales Delivery Framework 2020-2021 is in effect the annual contract, setting out the type and volume of services, between the Health Board and the Welsh Government, against which the Health Board's performance is measured.

Headline indicators for the health service performance are captured in the framework, which represents performance through four domains. The four domains are set out in section 1.2.

4.1.2. Corporate

The Board's Annual Plan sets out the strategic direction of the Health Board as well as the framework for managing risks and learning from incidents.

4.1.3. Operational Plans

Detailed operational plans at service levels are developed to give effect to the priorities set out in the Annual Plans.

4.2. Reporting on performance

4.2.1. Monthly Performance Information:

Monthly performance information is provided to Accountable Managers and the POG for oversight of performance and use in internal performance meetings.

4.2.2. Monthly Performance Profile

A monthly Performance Profile is produced setting out monthly performance against the National and Corporate targets. The Profile forms the basis of the POG performance oversight process.

4.2.3. Monthly Performance Report

Relevant performance reports will be compiled and presented to the Quality, Safety and Experience Committee, the Finance and Performance Committee and the Board and published on the Health Board's web site.

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Key points

- The Operational Plans set out the performance priorities and targets for the year.
- Performance information is produced on a monthly basis.

5. The Performance Escalation process

5.1. Escalation

Under the Performance and Accountability Framework, there is provision for the formal escalation of teams that are not achieving performance expectations.

Escalation reflects an increased level of concern in relation to performance that requires more intense focus, action and scrutiny in order to bring about improvement.

Underperformance also includes performance that:

- Harms patients or service users;
- Does not meet the required standards or targets for that service;
- Departs from what is considered normal practice;
- Derives from ineffective team or joint working.

5.2. The levels of escalation

Performance management and the operation of the Performance and Accountability Framework is expected to be a process managed primarily at the level of the relevant Accountable Manager.

Level 0	Steady state	Performance subject to routine performance monitoring by the
Accountable Manager	Performance is being achieved against plan.	

		relevant Accountable Manager
Level 1 Accountable Manager	A variance emerges. A variance from plan is identified and intervention and support in response to early signs of difficulty is managed at an Accountable Manager level	A decision to escalate an area of underperformance in individual services under their remit is made by the Accountable Manager
Level 2 Executive Director	The problem persists. It becomes harder to fix and potentially spreads or affects other areas / teams of the Health Board. Intervention and support are required.	A decision to escalate an area of underperformance by the relevant Executive Director.
Level 3 POG	The problem becomes critical or where prolonged underperformance puts quality, safety and financial sustainability at risk. The performance issue persists and the Accountable Manager has been unable to reverse underperformance. Significant intervention is required.	A decision to escalate an area of underperformance is made by the POG. External supports, interventions or sanctions may be required.
Level 4 Board	Significant governance or organisational risks are identified that affect the functioning or reputation of the Health Board The actions determined by POG do not achieve the necessary impact Board action may be required	A decision to escalate the significant governance or organisational risks is made by the Chief Executive

The levels of escalation **do not** necessarily indicate the seriousness of a particular performance issue but rather the need for the organisational response to be led at a more senior level. This may reflect either the capacity or capability of other levels to manage the improvements required. For example, performance issues at LEVEL 1 may be as serious as performance issues at LEVEL 4; however, there is confidence that the relevant Accountable Manager is managing these issues appropriately.

5.3. Escalation where remedial actions do not work

Where remedial action is not possible or is not achieving the required correction, it must be discussed with the next level of management for the purpose of further advice, support or intervention as necessary. Managers in the first instance will be responsible for initiating corrective actions.

The Performance and Accountability Framework envisages that performance issues may be escalated to a more senior level of management where;

- There are concerns that the appropriate level of management are not taking the appropriate actions to address underperformance;
- There is a lack of engagement by teams or managers with the performance improvement process;
- The actions required to address underperformance lie outside of the control of Accountable Managers.

When an area of performance has been escalated, primary responsibility for managing performance remains with relevant Accountable Manager unless this authority has been removed.

Key points

- Corrective actions should be taken as soon as underperformance is identified.
- Where remedial actions do not work, an Impact Improvement Plan will need to be put in place.
- The Performance and Accountability Framework envisages that performance issues may be escalated by a more senior level of management where specific conditions are met.

5.4. Is escalation primarily the responsibility of the Executive Director or POG?

No. Performance is expected to be managed on a day-to-day basis by Accountable Managers. Managing performance requires managers to review performance data and meet formally with their teams on at least a monthly basis to review performance and decide upon actions to address variances in performance.

Levels 1 and 2 escalations should be the first line of the performance escalation process and lie within the responsibility of the Accountable Managers.

5.5. When is escalation by the Executive Director triggered?

The Executive Director triggers Level 3 Escalation when there is:

- A serious concern related to service delivery, quality and safety of care and/or organisational effectiveness or financial performance arises.
- When other levels of management responsible for performance levels have failed to reverse underperformance.

5.6. When is escalation to Board triggered?

Level 4 Escalation to or by the Chief Executive is expected to be a very rare occurrence. It will be triggered where significant governance or organisational risks are identified that are expected to severely affect the functioning or reputation of the health service.

5.7. What are the 'thresholds' for escalation?

Thresholds for performance escalation will be agreed by the POG. These thresholds **do not** indicate an automatic escalation of services. They merely act as a trigger for review of specific areas of performance. A decision in relation to escalation is based on the outcome of this review of performance at the appropriate level.

For example, two services may have the same performance levels, one is not escalated because there is confidence that the actions being undertaken to address underperformance are adequate, while another service may be escalated as the actions being taken are inadequate, or are not achieving the required improvement in performance.

These thresholds combine a specified variance from target at a point-in-time as well as a specified timeframe over which underperformance has been noted. This means that in most cases an in month variance may not be a cause for concern, whereas the variance continuing over three months may be. Details are set out in Appendix 2.

5.8. Is Board level escalation invoked regularly?

No, it should be the exception that the Chief Executive invokes the formal escalation process to Board level.

In some cases, issues may be escalated to Board because the resolution of the performance issues lies outside of the control of an individual Accountable Manager or because an organisation does not have the capability / expertise available locally to fully solve the issues.

5.9. What happens when performance is escalated by the POG?

The POG will seek assurance that services are delivering against performance priorities and targets. The POG will explore whether appropriate and timely remedial actions are being taken to address areas of underperformance.

The POG will:

- Identify areas of underperformance,

- Require a formal diagnostic to be undertaken to assess whether a service is underperforming or whether there are factors outside the control of the service or team that are affecting performance levels.
- Require additional remedial actions to be put in place or an Impact Improvement Plan to be developed.
- Commission an external performance or governance review
- Provide assurance to the Board on performance outcomes and performance management processes.
- Recommend specific courses of action to the Board as appropriate.

5.10. Does escalation mean individual managers are no longer responsible or accountable?

No. In instances where underperformance has been escalated this;

- **Does not** mean the transfer of responsibility or accountability to a higher level of management;
- **Does not** remove or dilute the full accountability and responsibility of the Accountable Manager or their team nor does it alter their responsibility or accountability;
- **Does** provide for a graduated response to underperformance that may take the form of support, intervention or sanction;
- **In exceptionally rare circumstances, escalation to level 3 or 4 may mean that responsibility / reporting lines for a particular service will be changed to ensure effective and speedy action is initiated in response to the problem.**

5.11. Is all underperformance treated in the same way?

No. It is expected that there will be a differentiated response taken to performance by ensuring that individual services that contribute to underperformance are clearly identified and that high performing services will not automatically be the subject of escalation actions. Poor performance will be addressed through the agreement and implementation of explicit, time bound actions and more rigorous performance management of the specific services where the underperformance lies.

The Board is committed to providing support to managers and services who are struggling to achieve improvements. This support and any form of escalation must however always enhance rather than remove or blur individual or team accountability and avoid diffusing responsibility or passing it upwards.

Consequences or sanctions will be considered if reasonable improvement is not achieved and further detail is set out in Sections 6.4 to 6.6 below.

5.12. What is an Impact Improvement Plan?

Where significant and sustained underperformance has been identified and where remedial actions have not been successful, the POG may request the

development of an Impact Improvement Plan. The Plan will be required at a minimum to contain the following elements.

- A full analysis and diagnostic identifying the reasons for poor performance.
- Detailed actions for improving performance. These actions should be specific and measurable.
- The planned improvement trajectory, with targets set out by month and showing how long it will take to achieve the national target or the desired level of improvement as determined by POG. This information together with the agreed improvement actions will be used to assess the success of the Plan.
- Actions will have clear, named owners who will be accountable for delivering on the actions.
- The plan may also describe how the Board's Performance and Accountability Framework will be invoked where actions are not delivered and performance does not improve in line with the Plan.

5.13. When is an issue deescalated?

Escalation **is not** intended to be an end in itself. Performance issues should be in escalation for as short a period as possible. Services are not escalated or deescalated based on a single month's performance and the period of escalation will vary from issue to issue.

It is expected that performance areas will be deescalated as soon as the actions taken to address them are shown to be achieving the desired result. Therefore, escalation is only sustained until:

- There is a return to the required performance level or,
- There is a credible Impact Improvement Plan in place and,
- The trajectory of improvement is being sustained over an agreed period.

Key points

- Performance is expected to be managed on a day to day basis by managers
- There are 4 levels of escalation. It is expected that the majority of performance issues will be managed at Level 1.
- Thresholds for performance escalation will be agreed by POG with decisions on the appropriate level of escalation made through Accountable Managers, Executive Directors and/or POG.
- Where underperformance has been escalated, this does not mean the transfer of responsibility or accountability to a higher level of management.
- Poor performance will require explicit, time bound actions and more rigorous performance management of the specific services where the underperformance lies.
- Where a service or service issue has been escalated, Accountable Managers are expected to ensure that managers reporting to them are

notified that the issue is the subject of escalation and that the appropriate remedial actions are being taken and monitored.

- Where remedial actions have not been successful, the POG may request the development of an Impact Improvement Plan.

6. The consequences of escalation

6.1. What happens if performance does not improve?

Accountable Managers are required to ensure that a graduated and appropriate regime of;

- Support,
- Intervention and
- Sanction, is in place for managers and services where performance does not improve.

6.2. What support is available?

Where remedial actions are not working sufficiently to address underperformance, Accountable Managers may need to put in place additional support for teams reporting to them. Similarly, Accountable Managers may also seek support from their line manager, support may include:

- Assistance to form the Impact Improvement Plan including diagnosis, actions, milestones and timelines
- Specialist resources to work with them and their teams.
- Mentoring and advisory support

In cases where additional supports are provided, the Accountable Manager or manager will be required to reaffirm their agreement to and ability to meet the commitments set out in their Accountability and Assurance Agreement or operational plan.

The Accountable Manager to whom support is being provided will be expected to meet with their line manager on a regular basis in line with what is considered appropriate in terms of timescales agreed as part of any improvement plan.

6.3. What do you mean by interventions?

If following on-going monitoring and support, performance does not improve, or where plans are not being delivered, the relevant Accountable Manager, Executive Director, or Chief Executive may put specific interventions in place. These interventions may include:

- Enhanced monitoring through formal review meetings with the relevant line manager.
- Additional controls being put in place.
- Setting out the explicit performance requirements, arrangements for monitoring and consequences where performance does not improve.

- Commissioning of an external improvement initiative, performance or governance diagnostic review.
- Performance meetings with the Executive Director, or Chief Executive culminating in a set of performance expectations and requirements. These may be additional improvement actions and expectations, supports, interventions or sanctions.

6.4. What type of sanctions can be applied?

While the focus of the Escalation process will be on supporting managers to improve performance, the Performance and Accountability Framework also provides for sanctions to be applied in the case of continued underperformance where despite remedial plans, supports and interventions being in place, performance does not improve. Sanctions can be applied at both the team level and the individual level.

6.5. What type of organisational level sanctions can be applied?

6.5.1. Service Level

In the first instance, sanctions may be applied to services, that is individual area teams, hospitals, or corporate functions where performance does not improve after appropriate supports and interventions are taken. These sanctions could include the following.

- A formal Performance Notice will be issued to the relevant service from the appropriate Accountable Manager. Performance notices will specify the reason for the notice, the performance improvement expectation, timeframe, accountability arrangements and consequences where there is insufficient improvement.
- An Impact Improvement Plan will be required.
- A decision to issue any Performance Notice must be ratified by the POG.

Performance Notices signal a significant level of concern in relation to the delivery of performance improvement. As such, they should be issued sparingly. All normal performance management processes should be exhausted first.

6.5.2. Publication of Performance Notices

Performance Notices issued will be reported on to the Board in public session

6.6. What type of individual level sanctions can be applied?

6.6.1. Performance / Capability Process

Where there has been no improvement in performance within the specified timeframe and where organisational support and interventions do not result in improved performance, this is likely to become a matter of personal performance for named managers or team members.

In these cases, the All Wales Pay Progression Policy and / or the All Wales Capability Policy may be invoked (for the latest versions please see the BCUHB intranet pages).

Key points

- A graduated and appropriate system of supports, interventions and sanctions are in place for managers and services where performance does not improve.
- Where remedial actions are not working sufficiently to address underperformance, Accountable Managers may need to put in place additional supports for managers.
- If following on-going monitoring and support, performance does not improve, or where plans are not being delivered, specific interventions may be put in place.
- While the focus of the escalation process will be on supporting managers to improve performance the Performance and Accountability Framework also provides for sanctions to be applied in the case of continued underperformance.
- In the first instance, sanctions may be applied to services, where performance does not improve.
- The issuing of Performance Notices is an important part of the escalation process. Performance Notices can normally only issued once they have been ratified by the POG
- Where there has been no improvement in performance this is likely to become a matter of personal performance for named individuals.

7. The consequences of excellence

In the same way that poor performance is recognised, excellence should also be recognised for teams and individuals. At each regular meeting, where appropriate, the POG will identify an area of outstanding excellence to be reported to the Board, the Chair of the Board and the Chief Executive will jointly send a letter of commendation to the relevant team.

Areas of outstanding excellence will be aligned to our values:

7.1. Put Patients first:

- Outstanding levels of patient care;
- Delivered Transformation programmes that enable re-investment in patient care.

7.2. Work together:

- Outstanding team or partnership working improving outcomes for patients.

7.3. Value and respect each other:

7.4. Learn and innovate:

- Improvements in care leading to significant improved outcomes for patients.

7.5. Communicate openly and honestly:

Consideration will be given to creating a formal Reward and Recognition programme.

Appendix 1: NHS Delivery Measures

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	
<p>People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.</p>	<ul style="list-style-type: none"> • Percentage of babies who are exclusively breastfed at 10 days old • Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 • Percentage of children who received 2 doses of the MMR vaccine by age 5 • Percentage of adult smokers who make a quit attempt via smoking cessation services • Percentage of those smokers who are CO-validated as quit at 4 weeks • European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) • Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse • Uptake of influenza vaccination among: 65 year olds and over; under 65s in risk groups; pregnant women and; health care workers • Uptake of screening for bowel, breast and cervical cancer • Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over) • Percentage of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

- Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
- Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss
- Qualitative report detailing the progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Qualitative report detailing progress against the 5 standards that enable health and wellbeing of homeless and vulnerable groups to be identified and targeted
- Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year
- Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS
- Percentage of children regularly accessing NHS primary dental care within 24 months
- Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
- Number of ambulance patient handovers over 1 hour
- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
- Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge
- Percentage of survival within 30 days of emergency admission for a hip fracture
- Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
- Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time
- Percentage compliance against the therapy target of an average of 16.1 minutes of speech and language therapist input per stroke patient
- Percentage of stroke patients who receive a 6 month follow-up assessment
- Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.	
<p>New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership</p>	<ul style="list-style-type: none"> • Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales • Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor • Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan • Overall staff engagement score • Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) • Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job • Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation • Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework • Percentage of sickness absence rate of staff • Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment • Evidence of how NHS organisations are responding to service user experience to improve services • Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health. Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

- Number of patients recruited in Health and Care Research Wales clinical research portfolio studies
- Number of patients recruited in Health and Care Research Wales commercially sponsored studies
- Crude hospital mortality rate (74 years of age or less)
- Percentage of deaths scrutinised by a medical examiner
- Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
- All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation
- Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)
- Number of patients age 65 years or over prescribed an antipsychotic
- Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age
- Opioid average daily quantities per 1,000 patients
- Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)
- Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months
- Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)
- Number of procedures postponed either on day or the day before for specified nonclinical reasons
- Agency spend as a percentage of the total pay bill
- Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme

Appendix 2 – Performance Oversight, Escalation and Thresholds

Level 3 Escalation

Level 3 escalation is subject to oversight and intervention by the Executive Director

The Performance Oversight Group will review performance if:

- Performance is reported to be more than 5% away from target / expected activity (YTD) over a period of 3 consecutive cycles or more and /or
- Performance that is outside the parameter set out above will result in a review of the performance results. A decision to escalate to Level 3 will be based on this review of performance.

Level 4 Escalation

Level 4 escalation is subject to intervention by the Board.

Level 4 escalation will be considered if there is a significant governance or organisational risk.

The Chief Executive with POG will base consideration whether to recommend Level 4 escalation, on an assessment.