



Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board



Meeting Date	26 th May 2022	Agenda Item 2.4
Report Title	Revised Performance Manag	0
Report Author	Meghann Protheroe, Head of Performance	
Report Sponsor	Darren Griffiths, Director of Finance and Performance	
Presented by	Darren Griffiths, Director of Fina	
Freedom of	Open	
Information	opon	
Purpose of the Report	Management Framework (PMF governance process leading to The updated Performance M revised Governance structures	set out the updated Performance) for Board approval as part of the Board approval. anagement Framework presents along with a new digitally enabled e automatic escalation at service
Key Issues	the activities they are requiperformance management arrichallenges faced from a perfort the pandemic, the PMF has been 2021/22 and updated to management is maintained. Appendix 1 to this cover report	hold themselves to account for all ired to deliver through robust rangements. In light of the new mance perspective as a result of en reviewed to reflect learning from ensure efficient performance
	Management Framework (PMF) for the Health Board. The Updated PMF sets out: -	
	 review of Service Groups an A framework for the national performance reporting A series of escalation levels 	ure of reports to be used for ranging from supported autonomy will be focussed on appropriate rmance
		approved at Executive Board and 2021 and subsequently approved
	Given timing this report has not been to Management Board i May 2022 but has been developed with Service Group Directors The report will go through Management Board in June 2022. Th	

	report will be considered at Performance and Finance Committee at its meeting on 24 th May 2022			
Specific Action	Information	Discussion	Assurance	Approval
Required	\checkmark	\checkmark	\checkmark	\checkmark
Recommendations	 DISCUSS the AGREE the balance Score AGREE the presented APPROVE the SUPPORT recovery traj 	e proposed Fin e proposed dig scope of the recard as define proposed esca he PMF for imp the request to ectories for me	al PMF ital Balance Scoreca measures to be in ed in section 2.3 alation triggers usin lementation 2022/23 o develop Service easures not disclose stainability plan	cluded in the g the options Group level

REVISED PERFORMANCE MANAGEMENT FRAMEWORK

1. INTRODUCTION

High performing organisations have clearly understood and effective Performance Management Frameworks (PMF). As the Health Board emerges from the COVID pandemic, it is important that there is an effective and dynamic framework in place which incentivises high performance and builds a level of support and scrutiny should performance fall below expected standards.

The purpose of this report is to update the Board on the work completed to date to further develop the PMF and for the Board to approve the PMF. The PMF will be relaunched for financial year 2022/23 and will be subject to routine review by the Performance and Finance Committee. The Integrated Performance Report to this Committee is being updated to support transparency in this area. The revised PMF is attached as **Appendix 1**.

2. KEY MESSAGES

The PMF has previously been considered and approved at Executive Board and at Management Board in April 2021. The original framework outlined that there would be areas which required further development as the PMF matured, which were as follows: -

- Develop a methodology for the performance review of delivery systems which cross management arrangements. The primary focus of the PMF at this stage is to hold accountability through the management structure of the Board. Work will be carried out to consider how system performance review processes and accountabilities can be development where performance improvement is generated through activities which cut across the management structure of the Board.
- The PMF sets out that the quarterly reviews will include a detailed consideration of the individual area's contribution to the delivery of the Health Board plan. At this stage this will take the form of the continuation of the quarterly plan implementation tracker. An assessment will be made as to whether this remains fit for purpose and to ensure the necessary integration between plan actions and performance improvement is appropriately considered through the PMF.

The updated PMF has considered the previous recommendations above and has gone beyond the original remit to ensure a robust Governance and escalation structure drives the actions outlined within the framework. The detail of which can be found below.

2.1. Key learning points from the current PMF

- The current PMF was approved and implemented in April 2021 and it was the first internal framework to provide clear guidance and structure around organisational performance management

- In order to objectively performance manage service areas, clear escalation triggers were required which have remained unclear in 2021/22 as a result of the uncertainty surrounding Covid-19 and service delivery. Primarily the absence of forward looking planned delivery trajectories was a key issue
- The framework requires a large amount of administrative support from the Health Board Performance team, of which was not fully operational until recently due to staff vacancies
- Due to service delivery uncertainty, the ability to develop clear performance trajectories in 2021/22 has been difficult, however 2022/23 has seen a clear focus placed on trajectory development

2.2. New features to highlight

- The current monthly Service Group financial performance meetings will be transitioned into monthly performance meetings as of June 2022
- Quarterly Corporate Directorate performance review meetings will be established from the end of Quarter 1 in 2022/23.
- A new underlying Governance structure for reporting and escalation has been established and can be found in **Appendix 2**
- To support the escalation process, new digitally enabled balanced scorecards are in development, of which further detail can be found below.
- Terms of Reference have been provided for each performance management meeting (Monthly, quarterly and escalation meetings) to provide clarity surrounding service area expectations
- Further clarity has been provided regarding the Chief Executive's decision making process to escalate and de-escalate service areas.
- Focus has been given to ensuring service areas are formally recognised when performance targets are met throughout the financial year as outlined in the Annual Plan.
- An overview of the Executive Director areas of responsibility has been provided to

2.3. Digitally enabled Balanced Scorecards

Previous work has been undertaken to support the development of a digital Balanced Scorecard (BSC) prior to Covid-19. As with many areas, service aims and targets have changed which has led to the need to evaluate the products used within the performance team. The aim of the BSC is to monitor and manage Service Group performance against the measures set out in the National Delivery Framework, along with the recorded and agreed trajectories. Tailored BSC's are in development to suit the needs of each individual Service Group to ensure the different challenges and successes are represented appropriately. An overarching BSC for the Health Board performance is also in development. The four quadrant focus areas are: -

- Quality, Safety and Experience
- Performance & Activity
- Workforce and Staff Experience
- Finance & Efficiency

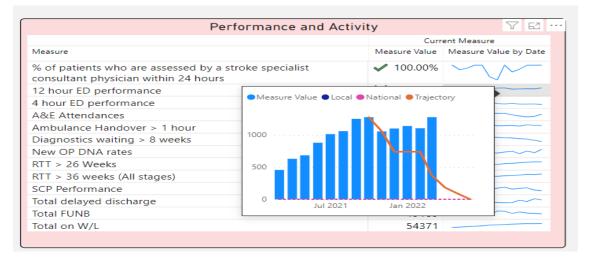
The defined lists of measures which sit within each quadrant are currently being finalised. A core subset will be common to all BSC's which will reflect Executive and Welsh Government requirements. Focussed work will be undertaken to determine the remaining measures included which will comprise of Service Group specific and Performance and Finance Committee areas of interest/escalation. The flexibility of the digital functionality will allow for measures to be added/removed as required throughout the financial year.

The key goals of the BSC is to stimulate innovation, whilst also allowing the organisation to acknowledge and analyse the results of its changed behaviour/actions to support performance delivery. The current performance products available to Service Groups provide a numeric overview of the performance to date against the targets set out in the National Delivery Framework and the local targets agreed at Health Board level. The digital BSC's will provide a visual representation of the Service Groups' monthly performance against chosen measures using a Red Amber Green (RAG) system.

The BSC's will also have the functionality to examine the measures in greater detail against the agreed performance trajectories over a 13-month period. An example of the functionality can be seen below from the *draft* Morriston BSC which remains in development but which will be available for live use;

Quality, Safety, and Experience		Performance and Activity		
	Current Measure		Current Measure	
Measure	Measure Value Measure Value by Date	Measure	Measure Value Measure Value by Da	
Concerns response time compliance (30 days)	~~~	% of patients who are assessed by a stroke specialist	✓ 100.00%	
Crude mortality rates		consultant physician within 24 hours	\mathbf{V}^{*}	
Hand Hygiene Audit	× 91.00%	12 hour ED performance	× 1276	
Inpatient Falls	115	4 hour ED performance	57.23%	
Never Events	✓ 0	A&E Attendances	6928	
No. friends & family surveys completed	1454	Ambulance Handover > 1 hour	× 659	
Pressure Ulcers (hospital)		Diagnostics waiting > 8 weeks	× 1672	
Risks Score > 16	104	New OP DNA rates	66.50%	
Serious Incidents	X 1 ~~~~~	RTT > 26 Weeks	× 18351	
Schous incluents		RTT > 36 weeks (All stages)	25490	
Schous incluents		RTT > 36 weeks (All stages) SCP Performance	× 25490 × 39.00%	
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		SCP Performance	× 39.00%	
Workforce and Sta		SCP Performance Total delayed discharge	× 39.00%	
		SCP Performance Total delayed discharge Total FUNB	X 39.00% 3777 19189	
	ff Experience	SCP Performance Total delayed discharge Total FUNB	X 39.00% 3777 19189	
Workforce and Sta	ff Experience Current Messure	SCP Performance Total delayed discharge Total FUNB	× 39.00% 3777 19189 54371	
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Workforce and Sta Messure Mandatory Training Compliance Medical & Dental vacancies	ff Experience Current Measure Measure Value Measure Value by Date X 72.79% 183	SCP Performance Total delayed discharge Total FUNB Total on W/L Finance and Effic Measure	39,00% 3777 19189 54371 iency Current Measure Measure Value Measure Value by Dat	
Workforce and Sta Messure Mandatory Training Compliance Medical & Dental vacancies Nursing & Midwifery Vacancies	ff Experience Current Measure Measure Value Measure Value by Date X 72.79% 183 287	SCP Performance Total delayed discharge Total FUNB Total on W/L Finance and Effic	39.00% 3777 19189 54371 iency Current Measure	

The scorecard will allow the user to glance quickly at the 13-month trend (as indicated below), or there is also the function to view the measure in a larger view which will show both the target and trajectory information.



2.4. Escalation triggers

In order to fully operationalise the updated PMF, a clear direction is required for the escalation of services triggers which will be built into the digital balanced scorecard. The Management Board are asked to review two options;

Option 1

RAG Rating	Action
In line with, or above trajectory	No Action
Off Trajectory > 2 Months	Request for recovery plan
Off Trajectory > 3 months	Escalation under PM Framework

All Service Groups will be required to produce and agree on performance trajectories for each measure included in the digital balanced scorecard. Delivery of the agreed trajectories will be performance managed using the RAG rating indicated above, with the subsequent action. This RAG rating system will apply to all measures regardless of the service area allowing for an objective approach.

Option 2

It is recognised that due to the changes in frequency of data collection and performance impact between measures, an objective escalation triggers which is applied to all service measures may not be appropriate. Therefore, work can be undertaken to agree the individual service measure trigger which is appropriate for the service. Whilst this option may add complexity to the trigger system and will introduce some subjectivity, it will allow for services to be performance managed as required based on the changing needs of the service areas.

3. GOVERNANCE ISSUES AND RISKS

The final PMF will need to be an integral framework within the Health Board's overall operating model. The reporting structure can be found in **Appendix 2**. allows for

matters to be appropriately escalated and for the correct level of assurance to be provided to the Board and Board Committees.

4. FINANCIAL IMPLICATIONS

There are no direct financial implications of the development and implantation of the final PMF itself.

5. **RECOMMENDATIONS**

The Board is asked to:

- **DISCUSS** the proposed Final PMF
- **DISCUSS** the proposed digital Balance Scorecard structure
- **AGREE** the scope of the measures to be included in the balance Scorecard as defined in section 2.3
- AGREE the proposed escalation triggers using the options presented
- **APPROVE** the PMF for implementation 2022/23
- **SUPPORT** the request to develop Service Group level recovery trajectories for measures not disclosed in the draft three-year recovery and sustainability plan

Governance a	and Assurance	
Link to	Supporting better health and wellbeing by actively prome	oting and
Enabling	empowering people to live well in resilient communities	-
Objectives	Partnerships for Improving Health and Wellbeing	\boxtimes
(please	Co-Production and Health Literacy	\times
choose)	Digitally Enabled Health and Wellbeing	\boxtimes
	Deliver better care through excellent health and care services	S
	achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	\boxtimes
	Partnerships for Care	\boxtimes
	Excellent Staff	\times
	Digitally Enabled Care	\boxtimes
	Outstanding Research, Innovation, Education and Learning	\mathbf{X}
Health and Ca		
(please	Staying Healthy	\boxtimes
choose)	Safe Care	\boxtimes
	Effective Care	\boxtimes
	Dignified Care	\square
	Timely Care	
	Individual Care	
	Staff and Resources	
Quality Safet	y and Patient Experience	
	lear PMF will support the delivery of improved levels of quality, s	afety and
	ence as set out in the Health Board's plans.	anoty and
Financial Imp		
	lirect financial implications arising from the production of this rep	oort.
	tions (including equality and diversity assessment)	
n/a		
Staffing Impli	cations	
n/a		
-	nplications (including the impact of the Well-being of Future	•
	(Wales) Act 2015)	ut through
	lear PMF will ensure that the Health Board's objectives, as set ou es in its Annual Plan (and subsequent plans) can be monit	
	opriately Whore performance falls below expected standards	the DME
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