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Health Board



Performance Management Framework

Final for PFC

DOCUMENT CONTROL

Executive Lead	Director of Finance and Performance
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Ratified By	Board
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VERSION CONTROL

Version No	Date	Reviewer	Summary of Change
1.0	8 th April 2021	D Griffiths	Rough working draft of document
1.1	12 th April 2021	D Griffiths	Version for CEO and COO consideration
1.2	14 th April 2021	D Griffiths	Version for Executive Board Discussion
2.0	19 th April 2021	D Griffiths	Updates following Service Director and Executive Team feedback. Final document to Management Board for discussion and Approval.
3.0	22 nd April 2021	D Griffiths	Final paper to performance and Finance Committee – includes management Board feedback

1. Purpose

- 1.1 The purpose of the Performance Management Framework (PMF) is to set out Swansea Bay University Health Board's (SBUHBs) approach to establishing and maintaining an effective performance management mechanism to deliver and improve the performance requirements of the Health Board as set out in its agreed plans.
- 1.2 The purpose of the PMF is to drive improvement, deliver operational targets and support the delivery of better outcomes for our patients and staff.
- 1.3 The PMF will only be successful if there is an organisational culture that focuses on the needs of our patients and communities, and encourages and nurtures performance improvement through openness about how we are performing, innovation and a commitment at all levels of the organisation to improve. It is important that all of those who work for, or on behalf of the Health Board fully understand and utilise the PMF.
- 1.4 The Framework is firmly based on our values and behaviour framework of: -
 - working together
 - always improving; and
 - caring for each other
- 1.5 This PMF reflects the arrangements required for the Health Board's current level of performance escalation with Welsh Government – Enhanced Monitoring. The PMF will be subject to review should escalation levels change.

2. Scope

- 2.1 The PMF will act as the overarching mechanism for performance management across the Health Board and will form part of the assurance to the Board in regards to achieving the strategic objectives as detailed in the Board Assurance Framework (BAF).
- 2.2 The PMF describes the systems and activities that will be required to be in place to ensure that there is effective performance management across the Health Board and the roles and responsibilities of all individuals are clear.
- 2.3 The PMF sets out the performance management principles for the Health Board to support a culture of continuous improvement.
- 2.4 The arrangements for performance review meetings are described, setting out frequency, attendance and the governance process for recording and managing the actions from these meetings.
- 2.5 The frequency, nature and content of the supporting performance reporting arrangements is included within this document although it is recognised that

this needs to be developed to increase its insight and to intelligently support performance discussions in real time and in terms of performance projections.

- 2.6 The content of the performance reports, in terms of core data sets will be determined corporately to reflect the delivery of the extant Health Board plan. Service groups and Corporate Directorates may wish to add supplementary measures or measure reflecting their assessment of priorities in addition to these core data sets. Also, as set out in 3.4 below it will be important for the PMF to report against Welsh Government requirements as these become known.
- 2.7 The PMF describes the escalation levels which can be applied in different scenarios of performance under-delivery. This ranges from a position of earned autonomy to a high level of support and escalation similar to a form of special measures.
- 2.8 Clarity on the roles of individuals and teams and how they relate to the overall performance system is included in this document.

3. Guiding Principles

- 3.1 Every employee from Board to ward/team has a role to play in ensuring that the UHB is regarded as a high performing organisation.
- 3.2 A high performing organisation holds itself to account for all the activities it is required to deliver and for unresolved concerns to be escalated if performance does not meet the required standards. However, staff empowerment is key to success in performance management terms. The structure within which employees work must nurture a culture of collaborative working where solving problems at a local level is the norm and lines of accountability are absolutely clear.
- 3.3 The Health Board encourages a culture of mutual support, particularly between its Service Groups and Corporate Directorates, in order to optimise performance.
- 3.4 Performance delivery requirements are set out clearly in the Health Board's extant plan (Annual Plan or where relevant Integrated Medium Term Plan (IMTP)) and through the processes in place to develop and agree the plan the Health Board's Service Groups and Corporate Directorates accept their contributions and accountabilities for the delivery of those plans. Delivery requirements will be refined through the year to reflect a blend of Health Board internally set improvement targets and any emerging expectations from Welsh Government at appropriate points.
- 3.5 Service Groups and Corporate Directorates will be resourced to deliver the base plan (budget, savings, activity and performance deliverables) and will also be expected to make their savings contributions as agreed within the finance

framework of the plan. Mechanisms will be established for the management of under and over delivery of outputs within the parameters of the plan to incentivise improvement.

- 3.6 Actions within the Health Board's performance reporting system should be SMART (specific, measurable, attributable, realistic and time based) and also in any performance related context i.e. to include remedial actions to remedy underperformance as well as in the performance reports themselves.
- 3.7 Performance is a dynamic discipline. Practice, in particular metrics and commissioning arrangements, must evolve in line with the changing environment in which the Health Board discharges its core business activities. This will need to be formally agreed within the performance system itself.
- 3.8 Data are only building blocks in terms of enabling staff to discharge their accountabilities. Analytical capability is needed to convert data into information and ultimately knowledge. This can be imparted in management reports to improve the way services are planned and managed.
- 3.9 Effective communication both internally and externally is an essential adjunct to delivering high performance.
- 3.10 Whatever meeting is being held it is essential that staff attending take the opportunity to "triangulate" sources of information that highlight any factors that could impact adversely on the Health Board's ability to discharge its core business, given that it should not be automatically assumed that corporate information systems will do this automatically.
- 3.11 The PMF will include an escalation framework, discussed later, which will be constructed to incentivise good performance but which will also provide support and intervention in areas of poor performance.
- 3.12 Through this PMF the Health Board will adopt an approach which: -
 - Sets out the quality, performance, activity, workforce and financial expectations of Service Groups and Corporate Directorates as required in the Health Board plan.
 - Embed systems and processes in Service Groups in particular to ensure that activity levels are managed, monitoring of variances is undertaken sufficiently to improve quality, capacity and performance.
 - Ensures that corrective actions are taken to manage variances from plan
 - Includes prospective forecasting of planned delivery at least two time periods in advance as a standard approach
 - Is based on clear earned autonomy and levels of escalation
 - Supports the resolution of issues outside of the direct control of the Service Group
 - Uses demand and capacity modelling, analytical capability and business intelligence to understand system behaviours and which establishes the key facts to support solutions.

4. Performance Management Principles

4.1 The PMF is designed to support a culture of continuous performance improvement for the benefit of patients. This is done by a standard approach to performance management supported by tools and a central Performance Management Team. In particular, the approach provides.

- **Clear objectives:** The Health Board Plan Deliverables are highlighted throughout the PMF ensuring monitoring and focus on these key deliverables at all levels of the Board.
- **Accountability:** Performance management arrangements ensure that everyone is clear who the Executive and Management leads are for any area of performance in the Health Board.
- **Transparency:** The tools to measure performance and the evidence used to assess performance is clear and staff across the Health Board understand what is required and will be held accountable through a clear approach which makes clear what is expected when performance drops below an acceptable level. This will be through the Service Groups and Corporate Directorates of the Health Board. Wherever possible the Health Board will ensure that tools and information are available to services enabling them to query and analyse the data on which they are being performance managed.
- **Improvement focussed:** The Performance management approach of the Health Board will be supportive and focussed on improvements. Services which are identified as underperforming will be offered the tools and resources to improve performance and the responsible individuals will be supported to make improvements
- **Empowerment and delegation:** Areas of the Health Board which are performing strongly will experience lighter levels of performance management, rewarding and encouraging innovative ways of working. Conversely areas of the Health Board which are underperforming in key areas will be required to attend more regular formal performance meetings and will be offered greater support in making improvements through an agreed escalation process (set out later in this document).

5. Performance Management Arrangements

5.1 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 both Service Groups and Corporate Directorates. Any earned autonomy or escalation outside of these arrangements is set out in the Escalation section of this PMF.

5.2 **Service Group Performance Review Meetings**

There will be a monthly performance review meeting with Each Service Group with the first two meetings of a quarterly cycle being different from the quarterly meeting (third meeting each month).

5.2.1 *Routine monthly performance review meeting*

This meeting will be an hourly meeting and will involve the following individuals: -

- Director of Finance and Performance
- Chief Operating Officer
- 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 be a focussed hour long meeting and will focus on a sub set of key performance and finance metrics as required by the Health Board Plan; this will be done by exception. These reviews will include components of the routine monthly finance review meetings which will be discontinued in favour of this combined performance and finance discussion. Should separate, more detailed finance discussions be required, these will be agreed through the performance review process.

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

The meeting will be joint chaired by the Director of Finance and Performance and the Chief Operating Officer.

The review will consider the content of the Service Group's balanced scorecard (template to be developed) and will be supported by agreed action notes for each session.

Terms of Reference for the review meetings will be developed.

5.2.2 *Quarterly performance review meeting*

This meeting will involve the full Executive Team of the Board and will include a wider representation of the Service Group broader leadership team (this attendance will be determined by the Service Group triumvirate/quadamverate). The meetings will be three hours long.

The quarterly performance review meeting will cover wider aspects of the performance of the Service Group and will be 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 and will be subject to the requirement for an additional return, 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 will be 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 further modified to act as a review of the year in total and a discussion on delivery plans for the year ahead.

Terms of Reference for the review meetings will be developed.

5.3 Corporate Directorate Performance Review Meetings

5.3.1 Routine quarterly performance review meetings

Each Corporate Directorate will have a quarterly performance review.

The review will be chaired by the Chief Executive and will focus on key objective delivery and financial performance and will be supported by agreed action notes and a formal letter from the Chief Executive.

5.4 It is the responsibility of each Service Group and Corporate Directorate to implement their own local performance reporting and management systems. The precise timing and nature of these discussions will be at the discretion of the individual Service Group or Corporate Directorate but it is expected that these arrangements will include, as a minimum, the following areas of discussion on a minimum of a monthly basis.

- Performance meeting to include reporting on KPI's, projections and agreed local action
- Quality and safety meeting through which risk, clinical governance, patient experience, health & safety etc. is discussed
- Monthly financial position review (key drivers of the financial position to be discussed in detail; this will vary by Group and Directorate)
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities
- Clinical Business meeting where all of the above is brought together to correlate activities

- 5.5 This PMF does not set out arrangements for a process to manage aspects of performance which 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 PMF matures discussions will be held as to how to develop effective cross system performance management arrangements structured to incentivise good performance and deploy proportionate and appropriate accountabilities to improve performance which is off target.

6. Performance Reports

- 6.1 To support the performance review process, the performance team, hosted within the Finance and Performance directorate will produce a range of performance reports.
- 6.2 The Service Group monthly performance review will be supported by the production of a monthly balanced scorecard report. The score card will feature key domains and the content will be agreed to reflect the key deliverables within each Service Group. The quadrants will be: -
- Quality, safety and experience
 - Finance & efficiency
 - Performance and activity
 - Workforce & staff experience
- 6.3 The reporting for the quarterly reviews for Service groups will be based on the established “performance statement” product issued by the performance department each month and it will be expected that the Service Groups report this information, through a PowerPoint pack to aid discussion based on priority areas and exception.
- 6.4 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.
- 6.5 A bi-weekly performance summary will be produced directly to Service Group and Corporate Directorate leaders providing more frequent rhythm of reporting to highlight potential emerging areas of risk between the set piece meetings. Work is underway to replace this report with a more functional on-line dashboard product with more real time information.
- 6.6 Reporting to Board, Board level Committees and Management Board is covered in the final section of this PMF below.

7. Escalation Arrangements

- 7.1 The way the PMF will operate is predicated on the principle that, wherever possible, issues should be resolved at Service Group or Corporate Directorate level and that 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. Such issues will be logged and the Chief Operating Officer advised if this issue has not been raised via the monthly Performance review meetings.
- 7.3 Second line intervention will be to the Executive Team via the weekly Executive Board 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. The Management Board will also receive a Health Board level performance report.
- 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 material deviation.
- 7.6 In areas where performance does not improve the Chief Operating Officer 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 each month 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. 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 PMF beds in on increasing the breadth of the benefits of earned autonomy which could include fewer performance meetings, changes in financial delegations, lighter tough Vacancy and Non Pay Control measures as examples. This will be considered as part of the development of the PMF.

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 weekly updates to Executive Board and monthly feedback to Management Board	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 Service Group/Corporate Directorate attendance at Finance and Performance Committee to present improvement plan	Weekly feedback to Executive Board and monthly feedback to Management Board	Support options include one, or combination of the below options: - <ul style="list-style-type: none"> • Internal peer review • Executive support • External support
Special Measures	Continued and consistent failure to meet agreed targets and trajectories across a number of objectives	Actions could include <ul style="list-style-type: none"> • Independent review of Unit / Corporate department effectiveness e.g. decision making processes, performance Improvement, clinical and staff engagement • Temporary change in management arrangements • Weekly meetings with the CEO 		

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 Chief Operating Officer or Lead Executive will escalate to the Chief Executive 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.

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 challenged being faced.

8. Roles and Responsibilities

8.1 This section of the PMF sets out the high level roles and responsibilities of groups and individuals in respect of performance improvement.

8.2 All Staff

As stated in Section 3, it is the responsibility of every Health Board employee to promote a culture of delivering high performance in any way they can. The discharge of professional responsibilities by clinically qualified staff will to a large extent be determined by their respective professional bodies. Key elements are:

- Agreement of job plans (consultants and SAS doctors)
- Appraisal

- Revalidation (medically/dentally qualified staff)

8.3 **The Board**

The Board role is to “add value to the organisation through the exercise of strong leadership and control, including:

- Setting the organisation’s strategic direction (i.e. via approved plans)
- Establishing and upholding the organisation’s governance and accountability framework, including its values and standards of behaviour
- Ensuring delivery of the organisation’s aims and objectives through effective challenge and scrutiny of the LHB’s performance across all areas (i.e. by receiving reports on performance and from its sub- committees).”

8.4 **Chief Executive**

The Chief Executive has ultimate responsibility for performance assurance in line with responsibilities set out in the Accountable Officer Memorandum in particular s/he has responsibility for performance managing individual Executive Directors. The Chief executive will have the final say on escalation and de-escalation levels within this PMF.

8.5 **Deputy Chief Executive**

The post holder who holds the Deputy Chief Executive will be the Chair of all performance meetings where the Chief Executive is unable to participate.

8.6 **Executive Board**

The Executive Board, chaired by the Chief Executive, provides a forum for the Executive Team to discuss matters of key strategic or operational significance prior to onward transmission, where appropriate, to the Management Board, Board or its committees appropriate. Executive Board members receive routine performance reports and resolves any Clinical Board/Corporate Directorate issues not resolved locally. Executive Board also decides, on the basis of Service Group performance reports, whether any deviation from required performance should be regarded as minor or material in relation to the Health Board’s escalation process as set out above.

8.7 **Management Board**

The Management Board, chaired by the Chief Executive, provides a forum for the Executive Team and Service Groups (represent as triumvirates/quadamverates) to discuss key matters affecting Health Board service delivery and in particular matters of cross Health Board importance. The Management Board will receive a monthly Health Board level performance report and will determine actions to be undertaken to manage areas which are outside of performance expectations in line with the Escalation Framework discussed above. Reporting on these actions will also be carried out in line with the Escalation Framework.

8.8 **Chief Operating Officer**

The Chief Operating Officer holds Service Groups to account in terms of discharging their respective roles and responsibilities. S/he is the person to whom Service Group related issues should be directed in the first instance prior

to consideration via relevant committees.

8.9 Director of Finance and Performance

The Director of Finance and Performance is responsible for ensuring that a robust performance management framework and financial framework is in place across the organisation.

8.10 Director of Workforce and OD

The Director of Workforce and OD is responsible for ensuring that robust arrangements are in place for reviewing the performance of all staff on an individual basis. S/he works closely with the Medical Director, Director of Nursing and Patient Experience and the Director of Therapy and Health Science who have individual responsibilities for ensuring clinically qualified staff have appraisals which deliver their professional standards.

8.11 Director of Strategy

The Director of Strategy is responsible for the strategic planning process within the Health Board and with other health organisations and will oversee the implementation of the Health Board plan. The Director of Strategy will provide quarterly updates to the Management Board and Performance and Finance Committee on progress in implementing the plan. The quarterly Service Group Performance Review meetings will also receive Service Group updates on plan implementation.

8.12 Director of Public Health

The Director of Public Health is responsible for ensuring that robust plans are in place to secure improvement in population health and well-being and to protect the health of the local community. A model for ensuring the most appropriate performance management arrangements for the Director of Public Health given the unique way that resource is structured to support the Director will be developed in the first quarter of the deployment of the PMF. This document will update accordingly to account for this.

8.13 Medical Director

The Medical Director ensures that the required levels of medical performance are in place through the PMF.

8.14 Director of Nursing and Patient Experience

The Director of Nursing and Patient Experience ensures that the required levels of nursing performance are in place through the PMF.

8.15 Director of Therapy and Health Science

The Director of Therapy and Health Science ensures that the required levels of therapy and health science performance are in place through the PMF.

8.16 Director of Corporate Governance/Board Secretary

The Director of Corporate Governance/Board Secretary is responsible for advising on the process and system of reporting/escalation to the Committees and the Board in line with the PMF.

8.17 **Service Groups**

Service Groups are charged with planning and delivering services in accordance with their terms of reference as delegated by the Board. The Service Group structure can be summarised as follows: -

- Service Groups are accountable to the Chief Operating Officer via the Service Group Director
- Service Groups are expected to maximise the autonomy that the Board is prepared to grant them, subject to evidencing adequate organisational maturity, in terms of planning and delivering services as per their terms of reference in accordance with relevant targets set out in the Health Board plan
- The Service Group triumvirate comprises the Service Group Director, Service Group Medical Director and Service Group Nurse Director. In the Primary Care and Community Service Group this is a quadumverate to include the Group Dental Director also.
- The Business Partners for Finance and Workforce are not members of the Service Group triumvirates/quadumverates but are expected to be key individuals involved in all performance meetings and discussions.
- Service Groups are expected to have internal performance management arrangements with their Divisions/Departments in place. These will reflect individual operational and financial plans. Divisions/Directorates will then have performance management arrangements in place with individual wards and teams, again linked to Division/Directorate objectives. This will enable the Board to have assurance that there is a culture and process for managing performance against operational and financial plans throughout the organisation. These will link into personal objectives for staff via the PADR process.
- Each Service Group is supported by two Executive Directors (clinical and non-clinical) who are expected to support Service Groups on a general basis but also to support on issues of performance and accountability to ensure that decisions are considered from an organisational-wide perspective that maximise the opportunities presented by an integrated health organisation.

8.18 The Management Board will act as the primary operational forum to discuss matters where performance improvement and/or recovery is cross system and requires a system wide response and action plan to resolve.

8.19 **Executive Team**

All Executive Team members have responsibility for a Corporate Department. These provide services centrally where it would not be appropriate to provide them at Service Group level primarily for reasons of efficiency, economy and/or scarcity of expertise.

As with Service Groups, each Corporate Department will agree an Operational and Financial Plan to support the delivery of Health Board corporate objectives. Executive Directors, supported by Assistant Directors are responsible for delivery of these targets.

The following Corporate Departments will be subject to quarterly performance

reviews: -

- Chief Operating Officer – estates, facilities and transformation
- Chief of Staff – communications, engagement
- Digital – Informatics, clinical coding, health records, digital
- Director of Corporate Governance – corporate services (including corporate governance, welsh language and risk management), Regulation (legal services, NHS re-dress)
- Director of Therapies and Health Science – professional matters
- Finance – finance, performance, local counter fraud services, procurement
- Medical – R & D, revalidation, medical training
- Nursing – quality and safety, revalidation, health and safety
- Public Health – population health
- Strategy – strategy, planning, partnerships, voluntary sector, capital
- Workforce & OD – HR, occupational health, training and development

8.20 The timing and content of the Corporate Directorate reviews will be reviewed after two business cycles (Q1 and Q2 of 2021/22) to assess their impact and benefit.

9. PMF fit into Health Board Reporting Mechanisms

- 9.1 Each review meeting will be followed up with a letter and action plan facilitated by the performance department.
- 9.2 After each round of monthly review meetings the Director of Finance and Performance will report the overall performance picture to the Executive Board and Management Board by exception.
- 9.3 On a monthly basis the Performance and Finance Committee and the Quality and Safety committee will receive a formal performance report which reports key metrics as determines by those Committee.
- 9.4 On a quarterly basis the Performance and Finance Committee will receive a separate report setting out the outcomes of the Service Group and Corporate Directorate performance reviews, by exception.
- 9.5 The main Health Board meeting will receive updates via the relevant subcommittee reports as is the current practice.

10. Ownership of the Performance Management Framework

- 10.1 The Director of Finance and Performance is responsible for the development and implementation of the PMF.

- 10.2 The Performance and Finance Committee will support and recommend the PMF to the Board for approval.
- 10.3 Compliance with the Performance Management Framework will be assessed under routine review by internal audit.

Final for PFC