



## PERFORMANCE MANAGEMENT FRAMEWORK

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## 1. PURPOSE

The Cardiff and Vale University Health Board (the UHB) is responsible for:

- Planning and commissioning of NHS patient care to achieve the best possible health and wellbeing outcomes for Cardiff and Vale residents and patients across Wales
- Supporting clinical staff training
- Supporting research

These three activities need to be discharged to requisite standards in relation to both performance and governance including patient safety and quality. In particular, given that the overwhelming share of the funding supporting the above comes from Welsh Government (WG), it is critical that this is evidenced in accordance with relevant WG strategies and policies. The three year Integrated Business Plan (IBP) and annual operating and financial plans set out how these will be delivered.

The purpose of the Performance Management Framework (PMF) is to document the arrangements that UHB has put in place to monitor the delivery of these plans.

The PMF makes an important contribution to the UHB Board Assurance Framework. The BAF is an overarching framework that provides systematic assurance that all the UHB accountabilities are being discharged in all settings from Board to ward/team. It is the way through which we know whether we are delivering what we need to our patients and the citizens we serve.

## 2. SCOPE

The scope of the PMF extends to all UHB activities undertaken by staff, both collectively as members of agreed groups or as individuals, in accordance with authority granted under the Scheme of Delegation in UHB Standing Orders.

For the avoidance of doubt the scope of the PMF includes the following:

- Discharging all statutory responsibilities, including implementation of recommendations made by regulatory bodies with statutory powers
- Delivery of all requirements mandated by WG directly in relation to the UHB.
- Delivery and performance management of contracts entered into by the UHB with third parties to deliver healthcare services on their behalf. These third parties are primarily NHS statutory bodies such as Welsh Health Specialised Services Committee in relation to specialist services but also contracts for teaching and research.
- Delivery and performance management of contracts which the UHB has entered into with third parties to provide healthcare services for the UHB e.g. GP service provision.

- All other commissioner, provider and public health responsibilities

The key areas covered in the PMF are:

- Who is responsible for doing what?
- What structures are there to do this and how do they work?
- How does the UHB know if there is a problem?
- How is this resolved?

The following are key source documents that articulate the UHB “direction of travel” in relation to these activities and the performance that the UHB is aspiring to attain. The PMF monitors progress with delivery against these:

#### **UHB**

- Integrated Business Plan 2013/4 – 2015/16 (IBP) and supporting Clinical Board/Corporate Directorate plans and strategies
- Operational Plan 2013/14 which sets out year 1 of the IBP in more detail
- Organising for Excellence (O4E)

#### **Welsh Government (WG)**

- Delivery Outcome Framework 2013/14
- Together for Health
- Achieving Excellence – the Quality Delivery Plan 2012

The PMF does not cover individual performance as this is the responsibility of relevant line managers.

It is the responsibility of every UHB employee to promote a culture of delivering high performance in any way they can. This will be embedded in the Performance Appraisal Development Review (PADR) and appraisal processes which are to be re-developed to ensure that organisational objectives are translated and linked to every role within the UHB. The responsibility for ensuring this process is effective lies with individual line managers and team leaders in respect of team reviews. Individual performance against agreed objectives will be assessed at every review meeting within the annual cycle of the organisation.

### **3. GUIDING PRINCIPLES**

The IBP is delivered through

- Clinical Boards which make up the UHB operational “front line”
- Corporate Departments which provide corporate support services to Clinical Boards

The following principles are central to the PMF:

- Every employee from Board to ward/team has a role to play in ensuring that the UHB is regarded as a high performing organisation. Evidence shows that services with a positive culture where staff feel engaged deliver better patient experience, fewer errors, lower infection rates and mortality rates<sup>1</sup>. The catalyst for this is the ability of employees to track the delivery of operational performance by using metrics which their own actions are influencing. In this way employees “connect” with organisational aims and objectives.
- 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.
- UHB encourages a culture of mutual support, particularly between its Clinical Boards and Corporate Directorates, in order to optimise performance.
- Performance is a dynamic discipline. Practice, in particular metrics and commissioning arrangements, must evolve in line with the changing environment in which the UHB discharges its core business activities.
- Data in itself is only a building block 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.
- Effective communication both internally and externally is an essential adjunct to delivering high performance. This is particularly important in terms of using SMART (specific, measurable, attributable, realistic and time based) terminology in any performance related context i.e. to include remedial strategies to remedy underperformance as well as in the performance reports themselves. Systems and procedures are also needed to assure the quality of this information thus creating an integrated assurance and governance framework i.e. right information – right time – right place. Without this, high standards of performance and accountability cannot be achieved.
- 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 UHB’s ability to discharge its core business, given that it should not be automatically assumed that corporate information systems will do this automatically.

Translation of the above principles into individual roles and responsibilities and organisational structures is explored in more detail in the sections below.

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<sup>1</sup> Leadership for Engagement and Improvement in the NHS – Kings Fund 2012

#### 4. LINK TO COMMISSIONING AND PLANNING CYCLE

Performance management will be undertaken in the context of the commissioning and planning cycle set out below<sup>2</sup>. It will review performance against the Integrated Three Year Business Plan and annual Operating and Financial Plans which will reflect commissioning intentions.



#### 5. MEASURING SUCCESS

##### Internal Review

Performance will be measured through:

- a six monthly report on progress against all objectives in the IBP and Annual Operating and Financial Plan to the Board

<sup>2</sup> "What is the Commissioning Model", Info how November 11 2012

- performance review meetings held initially monthly with Clinical Boards and bimonthly with Corporate Directorates (frequency subject to review)
- monthly performance reports for Clinical Boards (and from late October/early November 2013 bimonthly for Corporate Directorates) used for the monthly performance review meetings with key points fed through to the Management Executive and the Board
- Monthly Delivering Organising for Excellence Programme Report to Project Board and bi-monthly report to the Board
- Board and Board sub-committee reports on finance (to include investment decisions), performance, quality and safety and patient experience

### **External Review**

Performance in relation to third parties (i.e. activities UHB is required to deliver for other organisations and those it delivers itself for others) will be set out in formal contracting and commissioning arrangements entered into with the above parties. These will cover issues such as:

- o Service specifications
- o Quality standards
- o Monitoring arrangements
- o Reporting requirements

Details of these contracts and associated responsibilities at Executive Director, Clinical Board and Corporate Directorate level are available from the Assistant Director of Finance (Corporate).

UHB is accountable to the Welsh Government for delivery against key targets. This accountability will be delivered via the monitoring arrangements set out by Welsh Government including regular performance submissions and performance meetings.

UHB is subject to review from a variety of external organisations, in statutory bodies concerned with healthcare regulation. UHB will nominate a lead Executive Director or Clinical Board Director for each of these organisations to ensure that there is appropriate performance monitoring in place to deliver compliance with requirements and that risk areas are communicated and effectively managed via either the performance review meetings or to Board sub-committees as appropriate.

### **Audit**

The UHB also commissions audit programmes which support performance monitoring. These are:

- o Annual internal audit, external audit and clinical audit plans
- o Annual counter-fraud plans



These review key areas of planning and delivery over a 3 year period on a risk based basis. Audit reports are submitted to relevant Board committees, Clinical Boards, Corporate Directorates and performance meetings. All reports have an Executive lead who is responsible for scoping audits and receiving and delivering action plans and ensuring audit reports are taken to appropriate committees.

## **6. ROLES AND RESPONSIBILITIES**

This section describes the way that the Board, its Committees, Clinical Boards and Corporate Directorates operate in relation to performance management, in particular the responsibilities and reporting arrangements of the key staff involved.

### **6.1 All Staff**

As stated in Section 3, it is the responsibility of every UHB employee to promote a culture of delivering high performance in any way s/he 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)

### **6.2 Board**

The UHB Board's role<sup>3</sup> is to

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

- o Setting the organisation's strategic direction (i.e. via approved plans)
- o Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
- o 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).”

### **6.3 Chief Executive Officer**

The Chief Executive Officer (CEO) has ultimate responsibility for performance assurance in line with responsibilities set out in the Accountability Agreement entered into with WG. In particular s/he has responsibility for performance managing individual Executive Directors whose Executive responsibilities are as follows:

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<sup>3</sup> UHB Standing Orders

## **6.4 Management Executive**

The Management Executive (ME), chaired by the Chief Executive, provides a forum for Executive Directors to discuss matters of key strategic or operational significance prior to onward transmission, where appropriate, to the Board or its committees appropriate. It receives performance reports and resolves any Clinical Board/Corporate Directorate issues not resolved locally. Management Executive also decides, on the basis of Clinical Board performance reports, whether any deviation from required performance should be regarded as minor or material in relation to the UHB's escalation process (see section 11).

## **6.5 Chief Operating Officer**

The Chief Operating Officer holds Clinical Boards to account in terms of discharging their respective roles and responsibilities. S/he is the person to whom Clinical Board related issues should be directed in the first instance prior to consideration via relevant committees.

## **6.6 Director of Finance**

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

## **6.7 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 Directors of Medicine, Nursing and Therapies/Healthcare Scientists who have individual responsibilities for ensuring clinically qualified staff have appraisals which deliver their professional standards.

## **6.8 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.

## **6.9 Director of Planning**

The Director of Planning is responsible for the strategic planning process within the UHB and with other health organisations.

## **6.10 Clinical Boards**

Clinical Boards are charged with planning, commissioning and delivering services in accordance with their terms of reference as delegated by the Board. The Clinical Board role and structure can essentially be summarised as follows:

- Clinical Boards are accountable to the Chief Operating Officer via the Clinical Board Director. Deliver integrated services in conformity with the IBP and individual Clinical Board plans.
- Clinical Boards 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 IBP.
- Management team comprises:
  - Headed by a Clinical Board Director who is managerially accountable to the Chief Operating Officer. The Director has devolved responsibility from the Board through the Chief Operating Officer and other Executive Directors for delivery of Clinical Board plans and delivery of relevant targets.
  - The Director leads the core management team which usually has the following members
    - Head of Operations and Delivery
    - Head of Workforce and OD
    - Head of Finance
    - Head of Nursing

The Head of Operations and Delivery is accountable for ensuring effective operational management of all available resources, delivery of efficient services and provision of high quality, safe services and ensuring financial, quality and safety processes and practices are of the highest order. S/he is managerially responsible for the Heads of Workforce and OD, Finance and Nursing.

The Heads of Finance and Workforce and OD, working in conjunction with corporate support teams or other devolved teams have responsibility for ensuring that information is provided on a timely basis and of appropriate quality to enable performance monitoring.

The Clinical Board Management Team will work with a lead Trade Union representative for the Clinical Board.

Clinical Boards are expected to have internal performance management arrangements with their Directorates in place. These will reflect individual Directorate operational and financial plans. Directorates will then have performance management arrangements in place with individual wards and teams, again linked to 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 board is supported by an Executive Director who is expected to bring independent judgement on issues of performance and accountability to internal and external stakeholders and ensure that decisions are considered

from an organisational-wide perspective that maximise the opportunities presented by an integrated health organisation.

### **6.11 Cross Clinical Board Working**

The following structures will support cross Clinical Board working and resolution of any performance issues:

- The Health System Management Board (HSMB) has delegated authority for decision making on matters that have cross Clinical Board implications.
- Directors of Clinical Boards and Heads of Delivery meet weekly on an informal basis to discuss and resolve clinical operational issues.
- Operational Delivery Forum (Heads of Delivery) will meet weekly to focus on monitoring operational performance and targets, agreement of remedial action and sharing of good practice.
- Clinical Board Nurse forum will meet weekly to focus on driving and improving patient pathways of care and resolving blockages in the system.

All the above meetings are chaired by the Chief Operating Officer or his/her nominee.

### **6.12 Executive Directors**

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

As with Clinical Boards, each Corporate Department will agree three year and annual Operational and Financial Plans to support the delivery of UHB corporate objectives. Executive Directors, supported by Assistant Directors are responsible for delivery of these targets.

The following Corporate Departments will be subject to performance reviews every other month (Section 7.2 refers):

- Finance – finance, information, IM & T
- Planning – estates, facilities and emergency planning
- Workforce & OD – HR, occupational health, training and development
- Nursing – quality and safety
- Medical – R & D, revalidation, medical training

Work undertaken by Corporate Departments needs to be differentiated from services undertaken for the UHB Headquarters. Headquarters services are those which are required for the UHB as a statutory body (eg the production of annual accounts) and those which set strategic direction (eg the development of a UHB workforce strategy). Although strategic direction is a Headquarters function, the success of a strategy will depend on it being developed in partnership with Clinical Boards and Corporate Departments.

The following departments will be excluded in their entirety from the corporate performance review process as they are purely HQ functions and performance will be monitored via Board routes

- Public Health
- Director of Therapies and Health Science
- Governance

Public Health services are provided by the UHB itself, Public Health Wales and other public sector and third sector partners. There are performance monitoring arrangements in place around these led by the Director of Public Health.

## **7. PERFORMANCE MANAGEMENT ARRANGEMENTS**

This section describes the processes that Clinical Boards and Corporate Departments follow to provide assurance that UHB is doing what it is required to do and that relevant accountabilities are being discharged.

The requirement for Clinical Boards and Corporate Departments to report in this way is not expected to undermine devolved earned autonomy. It is simply to provide a “mirror” for Clinical Boards/Corporate Departments to account, via relevant Executives, to the Board, and thus evidence that the accountabilities of Board members themselves are being adequately discharged.

Prior to considering in detail the ways in which Clinical Boards and Corporate Departments operate, the following overarching principles apply to both:

- The expectation is that Clinical Boards and Corporate Departments deliver all targets including activity, performance, quality and safety and finance and that by devolving this responsibility, the most effective decision making will be delivered.
- UHB relies on its Clinical Boards and Corporate Departments to work together to get issues resolved and regards this as a key test of authorisation and ongoing maturity. This approach will be tested through performance review meetings and will be used to resolve any differences if this cannot be achieved by other routes.
- For consistency the same set of metrics will in principle be used for meetings with each of the Clinical Boards so that the same information is being measured, with additional measures used on a case by case basis as required.
- Standard agendas will be used and notes sent out to Management Executive and relevant staff within 3 working days of the meeting to record actions.
- Clinical Boards and Corporate Directorates are encouraged to “raise the bar” in performance terms, ideally surpassing equivalent standards in NHS England, by drawing on suitable external comparators such as CHKS, Dr Foster and NHS Benchmarking to benchmark performance against good practice. Appropriate support will be provided by Finance and Information to do this.

## **7.1 Clinical Board Performance Review Meetings**

As referred to in Section 5, Clinical Boards will account for performance of the activities they are responsible for via monthly performance review (frequency subject to review). The Chief Operating Officer, Director of Finance, Director of Workforce and OD and Director of Nursing will meet with the Clinical Board management team each month (frequency subject to review) to review performance against delivery of relevant objectives and discuss key risks impacting on delivery. Other Executive Directors are able to refer matters of concern to these performance review meetings. The Executive Director of Planning will attend the Clinical Board performance review meetings three times per year to review all aspects of the Clinical Board Integrated Business Plan and operational and financial plan.

The monthly meetings with the Clinical Board management team are the predominant place to which issues requiring initial internal escalation will be taken. In general they will focus on areas needing attention whilst recognising good progress and performance in other areas. There will be two sections to each meeting – integrated performance and then Clinical Board development.

## **7.2 Corporate Department Performance Review Meetings**

Corporate Departments will be expected to account for the delivery of relevant activities essentially using the same structures as Clinical Boards. In particular they will need to develop their own business plans setting out performance targets against which performance can be measured using KPIs (generated internally and taken from other sources). In particular, KPIs will need to be generated that give meaningful insights in relation to customer feedback.

As referred to in Section 5, performance review meetings will initially be held every two months with each Corporate Department (frequency subject to review). These will be chaired by the Chief Operating Officer. Executives responsible for Corporate Departments in accordance with the responsibilities set out in Section 6 will attend these meetings and present their respective business plans prior to the start of each financial year. These meetings will commence from late October/early November 2013 and be supported by the Performance and Information team.

## **8. THE BOARD AND ITS COMMITTEES**

The key reporting processes via this route are as follows:

### **Reporting to the Board**

Bi-monthly board reports on finance, Q & S and performance and patient safety will cover progress against relevant scorecards.

The Board will also receive hotspots/highlights on a monthly basis and a written performance report focusing on recovery plans where required.

## Reporting to Board Committees

Clinical Boards and Corporate Departments will also discharge their accountabilities to the Board via lead Executives to relevant Committees (terms of reference available from the Board Secretary) as follows:

### All Committees

All committees provide assurance to the Board, in particular via appropriate references in the Board Assurance Framework and Corporate Risk Register, in accordance with their individual areas of responsibility:

### People, Performance and Delivery (PPD) Committee<sup>4</sup>

- UHB arrangements for planning and commissioning citizen-centred health and healthcare, in accordance with the health needs of the population.
- Ensuring strong performance management and accountability arrangements in place in accordance with the UHB vision and strategy and standards that it has determined
- Achievement of UHB plans and objectives determined by the Board
- Achievement of strategic issues relating to human resources, workforce development and organisational development to deliver the UHB's strategy, plans and standards as determined by the Board
- Discharging of UHB responsibilities for Equality, Diversity and Human Rights and Welsh Language

### Audit Committee

- Implementation of effective arrangements through the design and operation of the UHB's assurance framework to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales

### Quality, Safety and Experience Committee

- Implementation of UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales
- Improving the quality and safety of patients, citizens and all those that come into contact with our services including those provided by other organisations or in a partnership arrangement
- Implementing UHB arrangements for information governance

### Health and Safety Committee

- All aspects of Health and Safety

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<sup>4</sup> UHB Standing Orders

### **Mental Health Legislation Committee**

- Procedures for detaining patients in hospital where necessary for their own health and safety or the protection of others

### **Charitable Funds Committee**

- Implementation and monitoring arrangements for the control and management of UHB Charitable Funds and fund raising policies

### **Organising for Excellence Programme Board**

- The Delivering Organising for Excellence Programme Board provides assurance to the UHB Board that cross cutting and transformational change is strategically aligned, adopting Programme/Project best practice and delivering in Clinical Boards and Corporate Directorates. Whilst not a formal committee of the UHB Board, the Programme Board will report to the UHB Board bi-monthly.
- The Programme Director is responsible for ensuring that the Programme Board and Programme Management Office perform their roles and responsibilities.
- Sponsors are accountable for design, planning and delivery of their workstream/project, including benefits realisation.
- The performance element of overall change delivery (are actions taking place to time and having the anticipated impact) is assessed through monthly reports to this Programme Board.
- Sponsors are held to account for the delivery of their workstream by the Delivering Organising for Excellence Programme Board.
- Clinical Boards and Corporate Directorates are responsible for delivering cross cutting and transformational change, including benefits realisation and Sponsors will discharge their accountabilities through Clinical Boards and Corporate Directorates.
- Specific project performance issues relating to Clinical Boards (including benefits realisation) will be managed through the performance review (section 7) with oversight of progress being maintained by the Programme Board.

### **Leaner and Fitter Programme Steering Group**

- The Leaner and Fitter Programme Steering Group provides assurance to the Health Systems Management Board that high impact and transactional change is aligned with relevant service/corporate objectives and the three year integrated plan, adopting Programme/Project best practice and delivering in Clinical Boards and Corporate Directorates. Whilst not a formal committee, the Steering Group will report to the Health Systems Management Board monthly.
- Sponsors are accountable for design, planning and delivery of their workstream/project, including benefits realisation, they may discharge this responsibility through implementation leads.



- The performance element of overall change delivery (are actions taking place to time and having the anticipated impact) is assessed through monthly reports to this Steering Group.
- Sponsors are held to account for the delivery of their workstream by the Leaner and Fitter Programme Steering Group.
- Clinical Boards and Corporate Directorates are responsible for delivering high impact and transactional change, including benefits realisation and Sponsors will discharge their accountabilities through Clinical Boards and Corporate Directorates.
- Specific project performance issues relating to Clinical Boards (including benefits realisation) will be managed through the performance review (section 7) with oversight of progress being maintained by the Steering Group.

## 9. OTHER PERFORMANCE MANAGEMENT ARRANGEMENTS

- Reports generated under the PMF will form part of the UHB Board Assurance Framework i.e. the overarching governance framework for the UHB.
- Reports of patient safety “walkrounds”
- Details of key risks and in particular actions taken to mitigate “extreme risks” as set out in the Board Risk Register will be reported to the Executive Risk Management Group chaired by the Chief Operating Officer. These discussions will be subsequently transmitted to Executive Management Team.

The above listing is not exhaustive and needs to be interpreted in accordance with authorisation granted via the UHB Scheme of Delegation. Essentially the Board can request any relevant report on any subject at any time.

## 10. INFORMATION

The Information Department will take the lead role in terms of ensuring that information meets the above criteria and is available to Clinical Boards/Corporate Departments to support performance management. The UHB Business Intelligence (BI) system and associated Intelligent Warehouse (IW) will in principle be the platform for delivering a “single version of the truth” to cover all UHB business activities.

The following information governance considerations are paramount in terms of the ability of Directors and staff to discharge their respective accountabilities in relation to performance:

- Quality
- Timeliness
- Accuracy
- Availability

The UHB recognises that much work needs to be done to integrate the output from multiple systems, that sit outside its core systems such as PMS, to achieve this. Progress has already been made in terms of establishing connectivity in relation to Quality and Safety. This work will next be built on in

relation to Finance and HR where use of data is typically limited to specific applications such as Patient Level Costing.

The following are examples of instances where the data available within the IW is not comprehensive enough, without further development, to cover the whole suite of performance indicators required to enable the UHB to discharge in full its performance management and commissioning responsibilities as per the scope of the PMF:

- Contracting i.e. scrutiny of performance in accordance with some contract currencies required by commissioners such as WHSSC and other LHBs
- Analysis of population health
- Patient Experience (PREMs)
- Patient Outcomes (PROMs)
- R & D analysis
- Teaching support analysis
- Mortality (RAMI)

As a result, alternative sources of information will need to be accessed such as CHKS for RAMI and peer comparison. In some instances the necessary scrutiny will need to be undertaken manually.

The Information Department will work in conjunction with the Medical Director's office to maintain robust information governance structures to ensure data integrity and completeness. This scrutiny will cover both electronic and paper records. The use of stand alone systems such as local spreadsheets will be strongly discouraged to minimise the possibility of duplication and data quality errors.

## **11. ESCALATION**

UHB management arrangements are predicated on the principle that, wherever possible, issues should be resolved at Clinical Board or Corporate Department level with escalation very much the exception. First line intervention in relation to matters such as unresolved problems and persistent non-achievement of targets will be dialogue between relevant Clinical Board and Corporate Department Directors to understand the reasons for this. Second line intervention will be to Management Executive which will work with Clinical Boards/Corporate Departments to understand the reasons for the failure to deliver and agree recovery actions with support to do this where necessary.

However, if this approach fails, the following escalation process will in principle apply in line with the performance triggers as per Section 2 of the NHS Wales Delivery Framework for 2013/14. Further consideration will be needed to determine the precise escalation trigger points that will apply at Clinical Board and, where relevant, Corporate Department level. The Management Executive will have ultimate responsibility in terms of differentiating between the terms "minor" and "material" variance from plan in either financial or quality terms based on the performance reports supplied by

Clinical Boards. As a minimum, allocation of “red” status against the relevant indicator(s) in the UHB corporate performance report will be regarded as material deviation.

<b>Level</b>	<b>Trigger</b>	<b>Escalation</b>	<b>Monitoring</b>
0	All targets delivered within trajectory on ongoing basis	None	Standard arrangements
1	Minor deviation from one or more targets over 2 consecutive months	None	Progress monitored via dedicated coverage at monthly performance review
2	Material deviation from one or more targets over 2 consecutive months	Recovery plan required	As level 2 Reports to Board as required
3	Level 2 extends beyond 3 months	As agreed with WG/DSU	As agreed with WG/DSU
4	Level 2 persists despite intervention	Action as determined by NHS Chief Executive	As determined by NHS Chief Executive

It should be noted that the level of authorisation granted to a Clinical Board can be downgraded in accordance with the criteria set out in the relevant “earned autonomy” procedure.

## **12. REVIEW**

The PMF will be signed off by the Board. It will be reviewed annually by the UHB People, Performance and Delivery Committee.