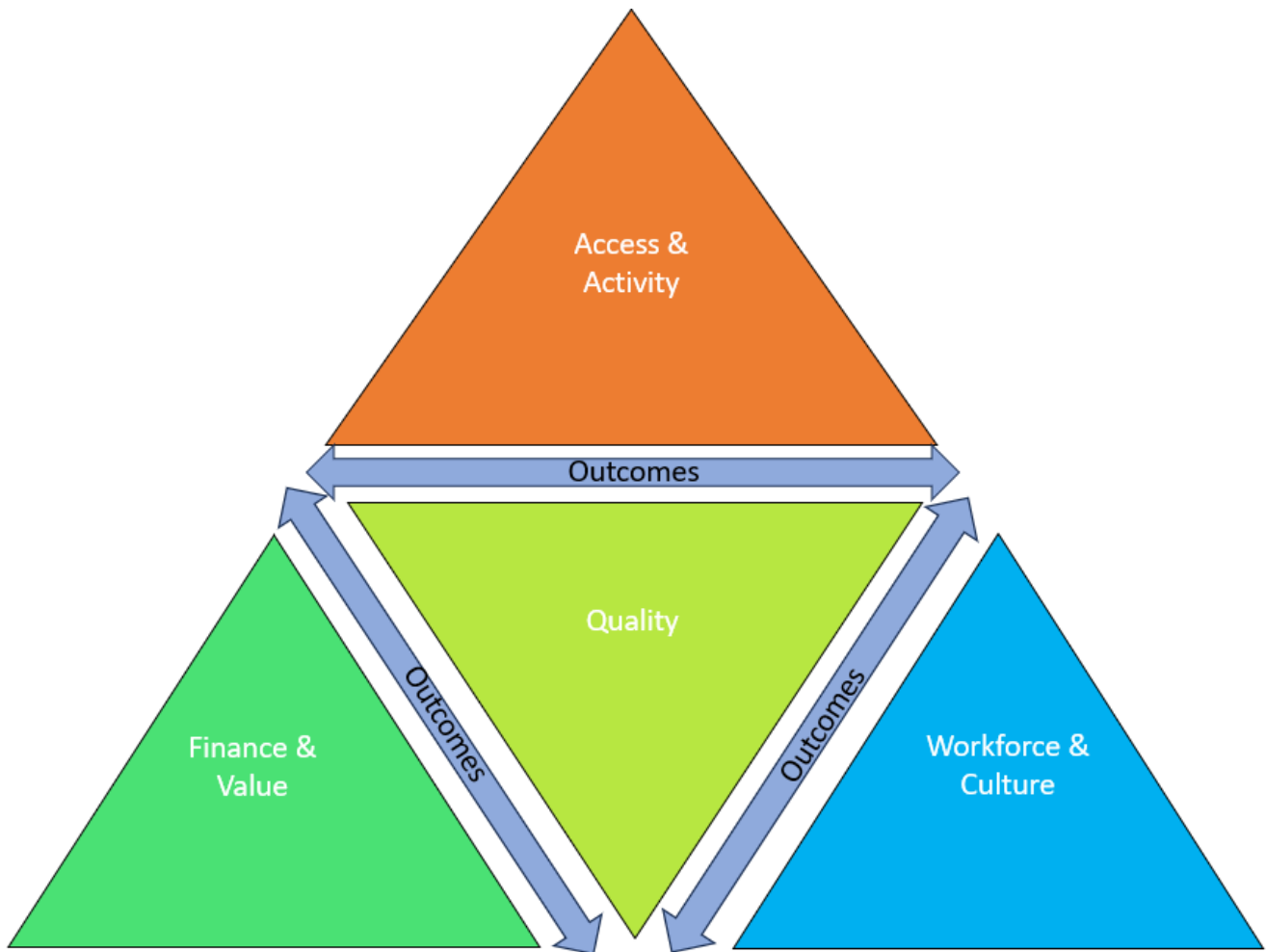


# Powys Teaching Health Board Integrated Quality & Performance Framework 2025/26 – 2026/27



## Document Control

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Draft v6	Ffion Ansari	20/07/2017	Revised structure to reflect comments of CEO, Medical Director and further comments from Planning & Performance Team

<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Reason and Changes</b>
Final Draft v7	Ffion Ansari	01/09/2017	Updated following final review by Delivery and Performance Group on 09/08/17
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2022 New Integrated Performance Framework Draft version 1	Stephen Powell	15/09/2022	First Draft – updating the previous Improving Performance Framework and incorporating the previous Commissioning Assurance Framework
2022 New Integrated Performance Framework Draft version 2	Stephen Powell	23/09/2022	Updated to reflect comments received at Executive Director session held 22/9/22
2024 Integrated Quality & Performance Framework	Chris Moss Zoe Ashman	4/03/2024	Updated to reflect increased focus on Duty of Quality
2025/26 Integrated Quality & Performance Framework	Nicola Johnson Chris Moss Simon McLellan Tracey Gwyther Claire Roche	24/04/2025	Updated to reflect proposed draft Strategic Commissioning Framework and revised IQPG structure and process.  Updated to provide increased focus on quality focus including reference to Health Board Quality Management System.
2025/26 Integrated Quality and Performance Framework	Chris Moss Simon McLellan	1/5/2025	Updated to reflect feedback provided from Executive Team 30/4/2025.

# Powys THB Integrated Quality & Performance Framework

2025/26 - 2026/27

## 1. Purpose

- 1.1 Powys Teaching Health Board (PTHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. The Board has the key responsibilities of setting the strategic direction for the Health Board and scrutinising and assuring the organisation's performance. The purpose of the Integrated Quality and Performance Framework (IQPF) is to support the Board to discharge these duties effectively and that quality and performance are seen as everyone's business with a 'ward to Board' culture of transparency and continuous improvement.

The overall aim is to ensure that the best possible health and wellbeing outcomes are achieved for Powys residents. To achieve this the health board strategically integrates various components to enhance quality and performance while aligning with the vision of "A Healthier Wales" and ensuring we are guided to comply with all our statutory duties including:

### **NHS Wales Planning Framework**

The NHS Wales Planning Framework which is issued annually provides a structured approach and guidance for Health Boards to meet the statutory planning duty in NHS Wales. It also includes the key performance measures and in 2025/26 also included a set of 'Enabling Actions' for productivity and efficiency.

The Health Board produces an Integrated Plan each year which demonstrates the delivery of our Wellbeing Objectives as outlined in the agreed Health and Care Strategy 'A Healthy, Caring Powys', responds to the organisation's strategic risks, the NHS Wales Planning and Performance Frameworks in the context of the financial settlement in the annual Allocation Letter.

Health organisations, including PTHB, are required to complete an MDS (Minimum Data Set) comprising service, financial, and workforce information and to submit it each year with the Integrated Plan. The MDS provides assurance on the robustness of plans and ensures alignment with statutory duties and ministerial targets.

### **NHS Wales Duty of Quality**

The Duty of Quality, mandated by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, compels NHS organizations to:

- Foster a culture of quality within their operations.
- Improve health services and outcomes continually.
- Actively monitor progress in quality improvement efforts and share this information transparently with the population.

## Welsh NHS Performance Framework (including Cabinet Secretary Enabling Actions)

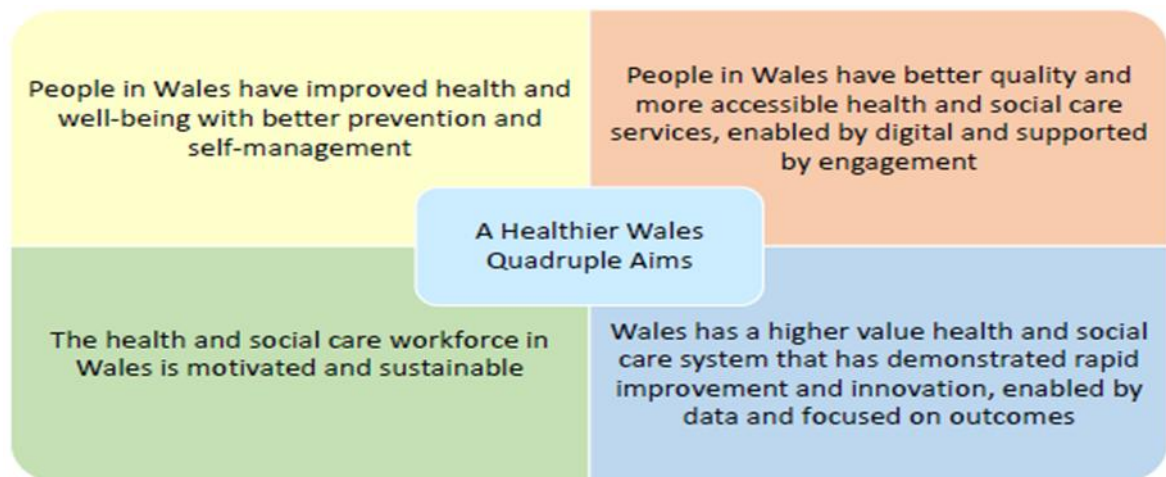
The NHS Wales Performance Framework provides a structured approach to measuring and reporting performance in healthcare.

It sets expectations for health boards to report progress against key corporate-level information, service delivery, and their role in supporting the wider NHS system.

### Strategic Alignment

PTHB's plan takes a whole-system approach, recognizing collaboration with partners, including the third sector, primary care contractors, social care colleagues, and other healthcare providers across Wales and England.

By integrating these frameworks, PTHB aims to balance quality, performance, and financial duties, ultimately working towards the Welsh Government's vision of "A Healthier Wales" and improved patient outcomes.



In summary, PTHB's Integrated Quality & Performance Framework (IQPF) combines these elements to drive continuous improvement, enhance service delivery, and promote better health for the people of Powys. The framework uses accessible information that allows the Board, Executives, and other essential personnel to comprehend, monitor, and evaluate the organization's performance. It facilitates timely intervention when quality or performance falls short of established targets and encourages ongoing enhancements in service delivery.

- 1.2 The regular measurement and comparison of actual performance against target requirements and appropriate benchmarks allows us to take proactive and proportionate actions in challenging situations. By doing so, we drive continuous improvement in service delivery for the benefit of our population's health and well-being.

To achieve this effectively, we need timely and accurate information while maintaining confidentiality. Quality and performance management are everyone's responsibility. Positive performance management supports service improvement, strengthens planning, and facilitates effective problem-solving without stifling innovation.

- 1.3 Our existing quality, performance, and planning arrangements provide a solid foundation for managing quality and performance effectively. This revised framework aligns and emphasises the principles of the Duty of Quality, aiming for a significant improvement in informed performance management. It fosters a culture of positive performance improvement, supports the Annual Plan, manages risks, and assures the Board of successful delivery.

Improving and managing quality of care along with performance is everyone's business, positive performance management will enable service improvement, strengthen planning and risk management whilst facilitating effective problem solving to support delivery without stifling innovation and change. The quality, performance management and planning arrangements in place have developed a solid foundation for effectively managing performance as evidenced through the recent Structured Assessment.

This revision of the framework seeks to ensure alignment with the principles of Duty of Quality to facilitate a step change in quality informed performance improvement and management. This will build on the foundations in place to create a culture of quality focussed positive performance improvement which supports the delivery of the Annual Plan, manages risks effectively and provides assurance to the Board on delivery.

This revision of the framework has considered the following inputs:

- NHS Wales Planning Framework 2025-28
- NHS Wales Performance Framework 2025/26 and Enabling Actions
- Requirement to deliver the Annual Plan 2025/26 (particularly with regard to commissioning performance and oversight)
- PTHB Draft Structured Assessment 2024/25
- Regional Partnership Board Area Plan / Health and Care Strategy 'A Healthy Caring Powys' and Public Services Board Wellbeing Plan
- Feedback from Executive, Deputy and Assistant Director colleagues

- 1.4 The objective of this framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.

- 1.5 The IQPF is a contributor to the Board Assurance Framework (BAF). This will ensure there is sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient centred services.

1.6 Ultimately the IQPF aims to report holistically at individual, service, directorate, or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall quality and performance will be assessed via intelligence gathered across key domains including access & activity; finance & value; workforce & culture; and quality, safety & patient experience outcomes and performance indicators. Ultimately, the framework assesses quality and performance across key domains, including access, finance, workforce, culture, safety, and patient experience.

## 2. Scope

2.1 The IQPF applies to all responsibilities of the Health Board. The scope therefore includes all NHS services the Health Board provides and those commissioned in County and out of County. The IQPF also supersedes the previous Commissioning Assurance Framework and now incorporates those key elements.

The Framework includes is to:

- Definition of roles and responsibilities for managing and improving performance;
- Description of the structures required to deliver robust quality care, performance management and improvement;
- Description of clear accountability and oversight with lines of responsibility;
- Processes of a quality management system which will support quality improvement, quality planning and quality control through proactive problem solving and risk management.

The delivery and commissioning of services may change over time. The areas where the IQPF apply in order to provide the Board with the oversight of quality and performance are shown below. This is not an exhaustive list.

Areas of Application	
Commissioned Services	Community, Mental Health & Secondary Care providers – England and Wales
	Joint Commissioning Committee (JCC)
	Emergency Services and out of hours care providers.
	Voluntary Sector
	Care Home Placements or Packages of Care funded by the Health Board through Continuing Healthcare or Funded Nursing Care
PTHB Provided Services	Primary Care including GMS, GDS, GOS, GPS
	Maternity Services
	Community Service Group
	Women and Childrens Services
	Mental Health and Learning Disabilities
	Corporate Departments including support services

The IQPF is not intended to:

- Exhaustively measure all aspects of organisational and commissioning performance.
- Replace or duplicate the role of Health Inspectorate Wales, Care Inspectorate Wales and for services based in England the Care Quality Commission.
- Replace or duplicate the JCC's own Performance Management Framework and arrangements.

### 3. Components of the Framework

#### 3.1 Guiding Principles

The following principles underpin the framework:

- **Culture of Innovation and Improvement:** These arrangements are intended to support the development of a culture of continuous performance improvement and innovation embedded in all aspects of organisational activity and delivered for the benefit of patients. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the Personal Appraisal and Development Review (PADR) process. Good performance will be recognised, and staff supported and engaged with to enable an understanding of expectations. At directorate level, the Framework for Improving Performance should also be used as a driver for cultural change and engagement. Services which are identified as under-performing will be offered the tools and resources to improve performance and responsible individuals will be supported to make improvements. Areas of excellence will be promoted for wider sharing, learning and celebration.
- **Transparency:** Agreed performance objectives will be clear and performance measures transparent. Expectations and accountabilities will be clearly set out for individuals, directorates and teams through agreed plans, quality performance targets and measures, with clear escalation arrangements in place to manage non-delivery..
- **Integrated:** The quality performance management approach will be integrated, action orientated and focussed on delivering improved performance. Quality and performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, financial and workforce performance, benchmarking and delivery of actions against planned milestones.
- **Proportionality and Balance:** Quality and performance management arrangements will seek to ensure that interventions and actions are proportionate to the scale of the quality or performance risk and that a balance between challenge and support is maintained. The framework will also endeavour to balance the burden of reporting with the assurance requirements necessary for the Board.
- **Accountability:** Quality and performance management arrangements will ensure that all parties are clear where lines of accountability lie with processes in place to manage escalation of poor performance or non-

delivery against plan. This will be supported by the Integrated Quality and Performance Groups (IQPG) meetings with Directorates to oversee, review and challenge quality, delivery and performance.

- **Empowerment and Delegation:** The structure within which employees work will nurture a culture of collaborative working where solving problems at a local level is the norm and a culture of mutual support is adopted in order to optimise delivery. Higher performance will earn greater levels of delegated authority. Conversely, there will be greater levels of performance management intervention in underperforming areas.
- **Promoting excellence and quality:** Ensuring service provision meets the “Fundamentals of Care” and NHS Wales’s Health and Social Care Quality and Engagement Act (2020) requirements re Duty of Quality and Duty of Candour.
- **Focussed on outcomes:** PTHB will use nationally reported clinical outcomes and develop other outcome-based measures for provided and commissioned services to measure and drive improvement over time.
- **Focus on data:** Effective performance management requires utilisation and ownership of data (both quantitative and qualitative) to monitor, assess, and improve organisational performance with the goal of ensuring high quality care.

Data input and data quality is a vital part of performance management in providing the right information for analysis to effectively monitor service performance, inform strategic decisions, evaluate effectiveness of interventions, analyse efficiency, identify trends and patterns, evaluate impact of service changes, support workforce planning and to identify and address patient safety concerns such as adverse events or errors in care.

- **Evolve over time:** The IQPF is based on what can be measured now and will be updated as time progresses to reflect either new data becoming available or a change to regulatory or national oversight measures. In line with the improvement-based approach PTHB will review the IQPF annually, considering learning within and without the organisation on a continuous basis.

#### 4. Roles and Responsibilities

Quality and performance improvement are everyone’s business in PTHB. A key element of PTHB’s quality and performance management arrangements is ensuring that individuals and teams are aware of their personal accountability for the delivery of improvements in quality and performance across both directly provided and commissioned services.

The Board’s Wellbeing Objectives and Enabling Objectives as laid out in the joint Strategy ‘A Healthy, Caring Powys’ are cascaded through the Annual Plan and Directorate Plans. These and inform Strategic Priorities and Critical Actions for all

teams and individuals throughout the organisation, and quarterly monitoring and reporting is carried out against the Activities and Deliverables in the Plan. Supporting this is the continuous development and improvement of individual Performance Assessment and Development Reviews (PADR) as set out in the organisations' [PADR process](#).

Whilst it is everyone's role to improve quality and performance, the Board drives a culture of quality and performance by providing a clear vision together with health board aims, objectives and priorities by holding the Executive Team to account for the delivery of the Annual Plan 2025/26 including the agreed performance measures and trajectories. Effective performance improvement requires defined roles and responsibilities and clear ownership of measures. A summary of these roles and responsibilities is as follows:

#### 4.1 Board

The Board has overall responsibility for the implementation of the IQPF. The Board's role is to set the strategic direction and to scrutinise and assure the performance of the organisation. It provides leadership and direction to the organisation and will agree the health board's Strategy including the vision, Wellbeing Objectives, Enabling Objectives, Strategic Priorities and Critical Actions through approval of the Annual Plan and will undertake continuous assessment of its performance. The IQPF outlines the framework and processes to provide the evidence to support the Board in undertake its duties with regard to performance, safety and delivery against these Objectives, Priorities and Actions. The Board will delegate scrutiny and assurance to its Sub-Committees as appropriate.

#### 4.2 Chief Executive Officer

The Chief Executive Officer is accountable for the management of the organisation including ensuring that the quality and performance of services are achieved in line with the Annual Plan within available resources. The Chief Executive will ensure remedial action is taken where there are areas of challenge and all opportunities for improvement are taken and chairs the six-monthly IQPG Directorate reviews.

The Chief Executive has delegated responsibility for the detailed operation of the IQPF to the Executive Director of Planning, Performance and Commissioning. To discharge this responsibility, they will work with the Executive Directors, particularly with the Director of Nursing and Quality, to ensure effective quality, performance management and improvement arrangements are in place across the health board.

#### 4.3 Executive Team

The Executive Team, through the Executive Committee provides a forum for Executive Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to the Board or other appropriate committees. The Executive Team also decides, given evidence from IQPGs or directly from directorate or corporate teams, whether any deviation from required performance is material in relation to the health board's escalation process (described in section 6).

#### 4.4 Executive Directors

Each Executive Director is responsible for supporting the development of strategic and organisational plans including the Annual Plan and in the development and implementation of their own Directorate Plan ensuring all plans are informed by evidence, are achievable and challenging with particular reference to their areas of responsibility and/or expertise. Each Director also has responsibility for supporting the analysis and reporting of quality and performance for their areas of responsibility through the structures set out in the IQPF including participating in IQPGs and leading the IQPG for their Directorate.

- The [Executive Director of Primary Care, Community and Mental Health](#) is accountable for a significant proportion of operational delivery across the Health Board. Through using this framework, they are responsible for ensuring that operational services have appropriate internal oversight arrangements in place.
- The [Executive Director of Nursing, Quality, Women and Family Health](#) ensures that the required levels of quality management and nursing performance are in place through the IQPF and ensures that delivery against the Quality Outcomes Framework is embedded into this process. They work closely with the Executive Medical Director, Executive Director of Public Health and Executive Director of Allied Health Professionals, Health Science and Digital to ensure that all aspects of quality are monitored and managed; and that clinical executive leadership is provided to each IQPG review.
- The [Executive Director of People and Culture](#) is responsible for ensuring that affordable and appropriate workforce planning is in place along with robust arrangements for reviewing the performance of all staff on an individual basis through the PADR Policy. They work closely with the Executive Medical Director, Executive Director of Nursing, Quality, Women and Family Health and the Executive Director of Allied Health Professionals, Health Science and Digital who have individual responsibilities for ensuring clinically qualified staff have appraisals which deliver their professional standards.
  - The [Director of Improvement and Transformation](#) is responsible for the Innovation and Improvement, Transformation and Value and North Powys Wellbeing Programme teams within the organisation and key regional and national links in relation to these areas. These teams collectively enable delivery of identified improvement and transformation activities across the organisation, this includes delivery of the Better Together Portfolio to shape the future of safe, quality health services for Powys.
- The [Executive 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. They contribute to the clinical Executive oversight of quality and performance at each IQPG review.
- The [Executive Medical Director](#) ensures that the required levels of medical performance and relevant quality areas are in place through the IQPF. They

contributes to the clinical Executive oversight of quality and performance at each IQPG review.

- The [Executive Director of Allied Health Professionals, Health Science and Digital](#) ensures that the health board has the required digital systems, IT infrastructure, reporting, and analysis to provide high quality support to the health boards staff at all levels which will underpin the national and local requirements of the IQPF and linked processes. They will also ensure that levels of therapy and health science performance and relevant quality areas are in place through the IQPF. They contribute to the clinical Executive oversight of quality and performance at each IQPG review.
- The [Executive Director of Finance, Capital and Support Services \(DoF\) and Deputy Chief Executive](#) is responsible for ensuring there is an effective system of internal control and financial governance and there is a financial strategy and Annual Plan and budget plan established for the organisation which integrates with the workforce and service plans. As part of delivery and monitoring and reporting, the DoF will ensure there are mechanisms established to provide financial information, analytics and insight into this performance framework.
- The [Director of Corporate Governance](#) is responsible for advising on the process and system of reporting/escalation to the Committees and the Board in line with the IQPF and is responsible for the health board's corporate governance framework. Internal and external communication also forms part of the portfolio.

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

- The [Executive Director of Planning, Performance and Commissioning \(DPPC\)](#) has the delegated responsibility for developing the Annual Plan and ensuring that the Board effectively sets the strategic direction through that mechanism.

The DPPC is also responsible for the agreement and effective performance management of the Long Term Agreements with commissioned service providers and ensuring that arrangements are in place for performance management of in-reach Service Level Agreements and contracts with the Third sector providers, with quality being a key domain of all of these arrangements.

The DPPC has delegated responsibility for the development and implementation of performance management and has delegated responsibility for preparing, implementing, and updating the IQPF as well as:

- Ensuring a culture of openness, transparency, continuous improvement and learning is in place for performance management;
- Ensuring that robust systems are in place for the performance management and assurance of national, local and internal targets;

- Preparing the Integrated Quality and & Performance Report giving assurance to the Board on performance;
- Preparing the Quarterly Progress Against Plan reports, giving assurance to the Board on delivery against the Annual Plan
- Facilitating performance reporting to the Delivery and Performance Committee, including exception reporting of improved or poor performance;
- Ensuring that plans to address poor performance are developed and implemented and that the Escalation Process outlined in section 7 is used effectively where required;
- Ensuring that governance arrangements to support quality and performance management are in place, robust and effective; Ensuring that all aspects of the health board's responsibilities are reflected within the framework, including the balance of provider and commissioned services is adequately reflected.

#### 4.5 Senior Leaders and Managers

Senior leaders and managers across the organisation have responsibility for developing and managing the implementation of their Team Plans aligned to and in support of their Directorate Plans and the Annual Plan and the regular undertaking of Personal Appraisal and Development Reviews. They are also responsible for promoting a culture of quality and performance management and improvement, participating in the development of strategic plans, and supporting the reporting of performance and delivery.

#### 4.6 All Staff

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

All staff have a responsibility to contribute to planning and performance improvement through their Personal Appraisal and Development Review process.

#### 4.7 Performance Management – A Patient Perspective

A patient centred approach to care involves engaging patients and their families in decision making, giving them greater responsibility for their own health. Patients must be given adequate information on timescales, anticipated process, and their own responsibilities to assist the health board to provide efficient and effective treatment. Patients will be empowered through this information provided by national or local information systems to question and monitor their own progress against targets.

### 5. Performance Monitoring and Reporting

In order that the health board can robustly assess performance across all aspects of service and delivery it is vital that the IQPF supports an integrated approach to monitoring and reporting. A monthly Integrated Quality and Performance Report will be produced as well as a monthly commissioned services report to provide an integrated performance update across each provider the health board

commissions from. Both of these reports will be presented on a monthly basis to the Executive Team and at each Board meeting and will ensure read across to the Health Board Integrated Quality Report that is presented to the Patient Experience and Quality Committee. Quarterly Progress Against Plan reports will also be provided, giving assurance to the Board on delivery against the Annual Plan.

A dashboard will be created that will feature overall performance information which will give greater insight into the services residents are receiving out of county versus the resources deployed.

To enable an integrated approach to be used to assess quality and performance, the framework sets out the necessary domains and attributes of performance management and reporting processes.

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

### 5.1 Coverage of the Integrated Quality and Performance Framework

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

Domains	Description
Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
Quality, Safety and Patient Experience	<p>Assurance against national and locally set quality and safety measures of care ensuring services are:</p> <div data-bbox="726 1220 1268 1758" data-label="Diagram"> </div> <p>Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.</p> <p>Work within the principles of the Health Board Quality Management System (see section 5.3)</p>

Domains	Description
Finance & Value	Assurance that services are improving efficiency and productivity and financial plans are being delivered.  Prudent or Value-Based health care approach.
Workforce and Culture	Assurance that the organisation has a motivated and sustainable workforce that is well-trained and the capacity and capability to provide quality services.

### Attributes of the Integrated Quality and Performance Reporting Framework

Attribute	Description
Link to Wellbeing Objectives/ Strategic Priorities and Critical Actions (Progress Against Plan)	Clear links to Wellbeing Objectives, Enabling Objectives and Strategic Priorities to ensure delivery of plans and support prioritisation processes.
Exception Reporting	Reporting of improving, poor or challenging performance through effective and comprehensive exception reporting.
Scorecard Reporting	Supporting enhanced understanding of organisational performance through a high-level overview.
Qualitative & Quantitative	A mix of quantitative indicators and data supported by concise qualitative contextual information providing insight into influences on performance.
Timely Information	Consistently updating information and managing the timeliness of information to ensure up to date analysis of performance and resolution of issues.
Managing Risk	Using risk registers and assurance frameworks (corporate and local) to inform performance improvement decisions.
Analytics	Looking beyond results to interpret and communicate meaningful patterns in data.
Forecasting	Predicting future positions and anticipating risks through forecasting.
Benchmarking	Contextualising performance through comparison to best practice and peers and identifying areas for improvement.
Targets / Measures	Setting challenging, achievable, and meaningful targets to monitor performance, celebrate improvement and reinforce purpose linked to strategic direction.
Performance Trajectories	Indicating expected timescales of delivery and to enable regular monitoring of performance.
Performance Against Targets	Using status scales to effectively communicate performance against plan/target/trajectory.
Targeted Performance Improvement Planning	Clear action plans in place to ensure mitigating actions and performance recovery is delivered.

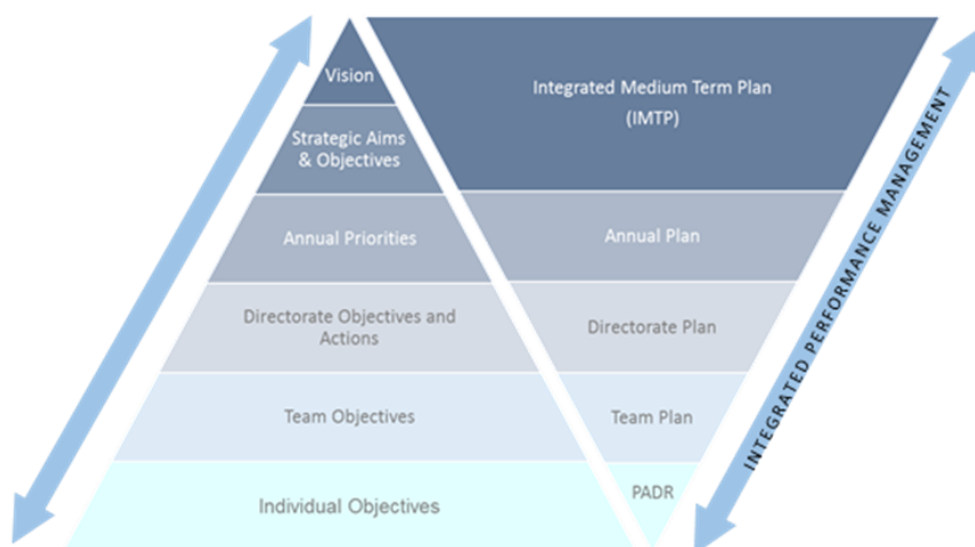
Attribute	Description
Responsibility & Accountability	Accountable leads identified for actions to ensure delivery.
Escalation & De-escalation	Review 'performance hotspots' to identify escalation/de-escalation action Focus on accountability through management intervention identifying and agreeing actions, consequences, tolerances and incentives where appropriate.

## 5.2 Planning for Performance Delivery

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

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

The figure below describes an alignment of plans to personal objectives and the relation to the Integrated Quality and Performance Framework.



## 5.3 Performance Reporting and Assurance Measuring Performance

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

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

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

Performance Measure	Description
NHS Wales Performance Framework	Through the specific measures of the NHS Wales Performance Framework the health board is measured on the delivery of services and processes that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national indicators of the Wellbeing of Future Generations Act as well as its contribution to meeting the Social Services and Wellbeing Act requirements.
NHS Wales Planning Minimum Data Set (MDS)	This data set introduced to measure against key areas of primary care, mental health, cancer care, unscheduled care, planned care and includes forecasts and actual in revenue and workforce planning.
Progress Against Plan	The Annual Plan will be agreed locally through Board approval, including Wellbeing Objectives, Enabling Objectives and Strategic Priorities. and Progress against Activities and Deliverables will be reported quarterly.
Local Measures	Further local measures may be agreed at a Directorate/Team level to support the delivery of Directorate and Team Plans.  Work is also underway as part of the Better Together Portfolio on a Benefits Realisation Framework which will strengthen the oversight and scrutiny of the impacts and outcomes of transformation activity.
Primary Care Performance	Primary care is at the heart of the vision for health services in PTHB. It is necessary that primary care performance systems and measures within the National Oversight Framework (NOF), the Quality & Outcomes Framework (QOF) and locally agreed key performance indicators are aligned to the overarching health board Framework for Improving Performance.
Performance Trajectories	Performance trajectories are set internally or worked through collaboratively with providers where appropriate against targets and measures, to demonstrate schedule for delivery and to enable the

Performance Measure	Description
	monitoring of improvement throughout the year. Trajectories against national measures, MDS measures and key priority areas are agreed through Board approval of the Annual Plan and are to be monitored at committee level with additional trajectories set, agreed and monitored by Directorates/Teams as appropriate.
Social Services National Outcomes Framework	The Social Services Outcomes Framework applies to outcomes for people in need of care and support and carers in need of support. While this outcomes framework is directly linked to performance within social services it should be considered as part of the broader framework for delivery, and it therefore forms a key part of the whole system outcomes framework the health board aims to develop.

### 5.3.1 Business and Performance Intelligence

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

### 5.3.2 Benchmarking

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

### 5.3.3 PTHB Quality Management System

The Duty of quality requires NHS bodies to establish effective quality management systems to improve the quality of healthcare services and improve outcomes for people in Wales. The four components of a Quality Management System are Quality Planning, Quality Control, Quality Assurance, Quality Improvement. These are reflected in the PTHB Quality Management System approach:

## Principles

Patient focus; Evidence based decision making; Population and Stakeholder Engagement; Clear Vision and Purpose; Leadership and Organisational Culture & Values; Education and Training; Internal Audit; Documentation Management; Information Management; Process Management; Procurement Management; Health and Safety Management; Risk Management; Environmental Management; Legal and Regulatory Compliance; Human Resources; KPI's

Domain	Narrative
Quality Planning	<ul style="list-style-type: none"> <li>• Understanding population need &amp; design of services, policies, structures, systems to meet those needs.</li> <li>• Quality Control and Quality Assurance need to feed into Quality Planning.</li> <li>• Reflect government strategies and targets.</li> <li>• When services are assessed, reviewed and undergo service change, quality impact assessments will be undertaken, considering the 6 domains of quality (STEEEP) and the five enablers of Leadership, Culture &amp; Valuing People, Data, Learning Improvement &amp; Research, and Whole Systems Perspective. Population data and public health intelligence will support and inform our planning.</li> </ul>
Quality Control	<ul style="list-style-type: none"> <li>• Processes in place to monitor performance in real time &amp; take action when required standards not met.</li> <li>• Control processes owned by those directly providing the service with skills and permission to address performance issues within their control.</li> <li>• Quantitative and qualitative measures with appropriate escalation measures.</li> <li>• We monitor the quality and safety of our services through key sources of intelligence. This includes patient safety and nationally reportable incidents (incident management framework), near misses, patient feedback through surveys and local intelligence gathering, patient concerns and complaints. In partnership with the third sector and Llais, we also triangulate their sources of information. Other sources of key intelligence to monitor and assess services include clinical audit, NWSSP internal audits, HIW inspections and reviews by the Wales Audit Office.</li> </ul>
Quality Improvement	<ul style="list-style-type: none"> <li>• Model for Improvement</li> <li>• Cycles of experimentation informed by ongoing reflection using both quantitative and qualitative data.</li> <li>• Practical iterative tests of change to learn, implement and scale improvements in quality of services and patient outcomes</li> <li>• Intelligence that we gather through our quality controls inform our priorities for improvement and subsequently our strategic transformation. Our Transformation team are central to this deployment; however, improvement and transformation is seen as a key role for all our staff in PTHB.</li> </ul>
Quality Assurance	<ul style="list-style-type: none"> <li>• Verify that quality control is maintained, and that performance is evaluated.</li> <li>• Effective structures, systems and standards to provide clear line of sight across the Health Board to give assurance internally and externally to stakeholders, that desired improvements to services and population outcomes are being achieved and sustained.</li> <li>• We deploy floor to Board reporting via our quality governance processes and structures. The Integrated Quality Report (IQR) presented to the Patient Experience and Quality Committee (PEQs) is the mechanism through which the Quality domain of the IQPF is reported to the Board.</li> <li>• The service groups QUAILS (Quality Assurance, Learning and Improvement Groups) within service areas (e.g. Mental Health, Community Services, Women and Family) deploy quality control and improvement locally and report through the IQR to the Executive Committee, PEQs and Board.</li> <li>• Similarly, the Patient Experience Steering Group, Safeguarding Strategic Group and Infection Prevention Control Steering Group report to Board via the IQR.</li> </ul>

## 5.4 Oversight and Accountability

Performance and quality of care assurance reporting is undertaken at every level throughout the Health Board, from individual performance appraisals through to Directorate Performance Reviews. The reporting arrangements will be proportionate and regular to ensure an effective process for monitoring performance, achievements and non-delivery and agree actions and ongoing review to ensure corrective action where necessary.

Performance should be managed and resolved at the appropriate level of accountability and authority. The identification of areas of performance that require attention and escalation will be based on informed analysis of performance, considering local context, local and national targets, delivery trajectories, quality and safety, progress against Health Board plans, finance, benchmarking and risk management.

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

It is important that there is clarity on the standard and minimum level of oversight. The table below sets out the “base” position for performance meetings. The application of any external or internal escalation level will modify the base position as set out below:

Level	Mechanisms	Frequency	Coverage
<b>Board</b>  <i>Internal Scrutiny</i>	Board	Bi-monthly	<ul style="list-style-type: none"> <li>Quarterly Outcomes (life course) Report</li> <li>Integrated Quality and Performance Report</li> <li>Quarterly Progress against Plan report</li> </ul>
	Patient Experience Quality Safety Committee (PEQS)	Quarterly	<ul style="list-style-type: none"> <li>Integrated Quality Report</li> </ul>
	Delivery and Performance Committee (D&P)	Bi-monthly	<ul style="list-style-type: none"> <li>Integrated Quality and Performance Report</li> <li>Quarterly Progress against Plan report</li> <li>Outcomes Framework</li> <li>Finance Report</li> </ul>
	Workforce & Culture	Quarterly	<ul style="list-style-type: none"> <li>Workforce Report</li> </ul>
<b>Executive</b>  <i>Executive oversight</i>	Executive Committee	Fortnightly	<ul style="list-style-type: none"> <li>Monthly focus on performance delivery by exception</li> </ul>
<b>Operational Directorates</b>  <i>Accountability &amp; Assurance</i>	Integrated Quality and Performance Group review (detail below)	Quarterly	<ul style="list-style-type: none"> <li>Access and Activity</li> <li>Quality, Safety and Patient Experience</li> <li>Finance and Value</li> <li>Workforce</li> <li>Progress against plan</li> </ul>

Level	Mechanisms	Frequency	Coverage
<b>Corporate Teams</b> <i>Accountability &amp; Assurance</i>	Integrated Quality and Performance Group review (below)	Quarterly/Six Monthly	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Finance and Value</li> <li>Delivery</li> <li>Workforce</li> <li>Progress against Plan</li> </ul>
<b>Commissioned Providers</b> <i>Accountability and Assurance</i>	Contract Quality and Performance Review Meetings.	Monthly/Bi-monthly/Quarterly	<ul style="list-style-type: none"> <li>Access and Activity</li> <li>Quality, Safety and Patient Experience</li> <li>Finance and Value</li> <li>Workforce</li> </ul>
	Commissioning Oversight and Assurance Group.	Monthly	
<b>Directorate/ Team</b> <i>Collective Responsibility</i>	Internal governance tailored to directorate/ team	Monthly	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Finance</li> <li>Delivery</li> <li>Workforce</li> <li>Progress against plan</li> </ul>
<b>Individual</b>  <b>Personal contribution</b>	PADR	Quarterly	<ul style="list-style-type: none"> <li>Delivery against objectives</li> </ul>
	One to Ones	Monthly	<ul style="list-style-type: none"> <li>Delivery against objectives</li> </ul>
	Appraisals and validation	Annual	<ul style="list-style-type: none"> <li>Setting and Delivery against objectives</li> </ul>

## 5.5 Management and Monitoring

Central to the effectiveness of the IQPF is clarity on where the “business of performance” is undertaken. Details of the meetings arrangements are set out below.

### 5.5.1 Personal Appraisal and Development Review meetings

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

Regular and meaningful conversations and meetings should be used to set individual objectives and review progress, rewarding and recognising good performance.

Performance and attainment of satisfactory appraisal ratings at year end appraisal are linked to pay progression, therefore it is important that individual objectives are agreed, are reasonable in number, clear, challenging and measurable.

It is both the employee and manager’s responsibility to ensure they have an appraisal meeting scheduled for six weeks before an increment date with regular reviews in place.

It is also the responsibility of all staff and managers to plan and prepare for their appraisals.

### 5.5.2 Team Performance Reviews

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

### 5.5.3 Directorate Integrated Quality and Performance Group (IQPG) Meetings

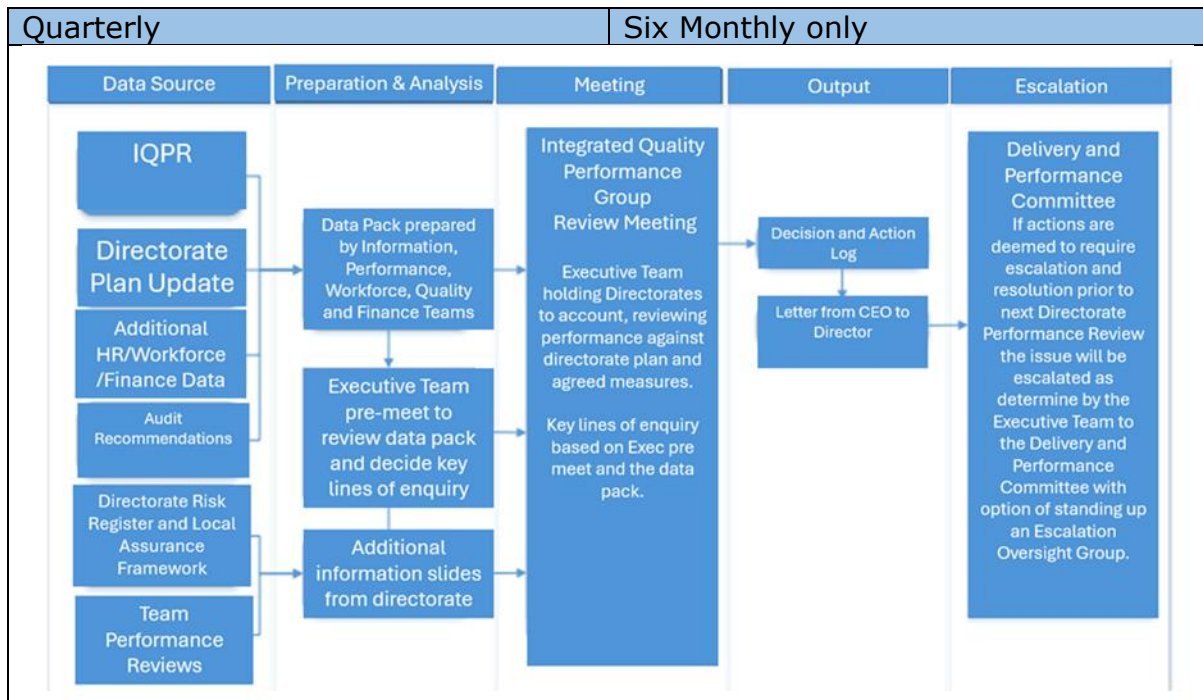
This IQPF applies to the whole organisation with Integrated Quality and Performance Group Meetings being held on a Quarterly and Six Monthly basis to review areas of their portfolio as agreed in the scheme of delegation:

Quarterly	Six Monthly only
<ul style="list-style-type: none"> <li>• Planning, Performance and Commissioning</li> <li>• Medical</li> <li>• Primary, Community Care and Mental Health</li> <li>• Nursing, Quality, Women and Family Health</li> <li>• Digital</li> </ul>	<ul style="list-style-type: none"> <li>• Public Health</li> <li>• Corporate Governance</li> <li>• Allied Health Professions and Health Sciences</li> <li>• Finance, Estates and Support Services</li> <li>• People and Culture</li> <li>• Transformation and Improvement</li> </ul>
<p>For the <u>quarterly IQPG meeting</u> the following features will apply:</p> <ul style="list-style-type: none"> <li>• Chaired by Clinical Director (MD/EDoAHP/EDoNM).</li> <li>• Vice Chair Director with lead for Performance (EDPPC).</li> <li>• Representation from operational colleagues as appropriate.</li> <li>• Representation from Deputy / Assistant Director of Finance, Workforce, Quality, Planning, Performance and Commissioning, Improvement and Transformation, and Business Partners.</li> <li>• Other members can be co-opted to cover areas of specialist expertise should this be determined to be helpful.</li> </ul> <p>The meeting will be a focused meeting and will concentrate on a subset of key quality, performance and financial metrics as required by the health board plan; this will be done by exception. Should separate, more detailed finance (or other) discussions be required,</p>	<p>The <u>six monthly IQPG meeting</u> will cover a broader agenda and so involve a wider representation:</p> <ul style="list-style-type: none"> <li>• Full Executive Team present. CEO to Chair.</li> <li>• Where necessary, deep dives into key areas of challenged quality, performance and finance will be requested in advance and considered within the meeting agenda. This meeting will also consider progress against specific actions set out in the Health Board plan. These reviews will also include specific consideration of the highest rated risks along with mitigating actions to manage these.</li> <li>• The review will consider the key performance indicators (working towards a standard performance dashboard by area/service) and will be supported by agreed action notes and a formal letter from the chair of the meeting.</li> </ul>

Quarterly	Six Monthly only
<p>these will be agreed through the assurance review process using the escalation options. These reviews will also include specific consideration of the highest rated risks along with mitigating actions to manage these.</p> <p>There is a clear expectation that the reviews will build on 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.</p> <p>The review will consider the content of the Service Performance report/ performance dashboard and will be supported by agreed action notes for each session.</p> <p>The quarter 2 and quarter 4 meetings will serve as <u>six-monthly</u> performance reviews, with quarter 4 functioning as a review of the year, providing an opportunity to fully celebrate and recognise the successes and achievements of the Directorate and enable a discussion on delivery plans for the year ahead.</p>	

**IQPG meeting structure**





The IQPG meetings will enable the Executive Team to hold Directorates to account for delivery against plan and agreed performance management and improvement measures and support the development of integrated plans, by:

- Reviewing directorate performance against directorate plan (i.e. their directorate delivery of Annual Plan) and agreed performance measures and trajectories.
- Ensuring directorate performance management and review is integrated, thus considering all perspectives i.e. Quality & Safety (referencing the principles of the PTHB Quality Management System as described in section 5.3); Patient Experience; Access & Activity; People & Organisational Development; Finance; and Governance.
- Investigating and challenging areas of non-delivery and ensuring improvement plans are in place.
- Exploring learning opportunities and areas of best practice.
- Identifying requirements for additional support and guidance in managing delivery and developing plans.
- Ensuring a culture of high performance and continuous improvement.

#### 5.5.4 Local Performance Intelligence and Assurance Arrangements

In conjunction with each Operational Directorate and Corporate Directorates the Performance Team, supported by the Information Team, will look to implement local performance reporting and management systems which will include, as a minimum, the following areas of discussion on a minimum of a monthly basis through Directorate Management Team meeting structures and report into the above quarterly and six monthly performance review structure:

- Quality and safety meeting through which risk, clinical governance, patient experience, health & safety performance be reviewed (referencing the principles of the PTHB Quality Management System as described in section 5.3).

- Performance meeting to include reporting on Key Performance Indicators (KPIs), projections and agreed local action to include activity compared to plan, (e.g. delayed pathways of care, length of stay and urgent and emergency attendance).
- Workforce key performance data on attendance, turnover, mandatory training compliance and attrition.
- Monthly financial position review (key drivers of the financial position to be discussed in detail).
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities.

## 5.6. Commissioned Services Oversight

The Health Board commissioning arrangements are extremely complex and include agreements with health providers in NHS Wales and NHS England for the provision of non-specialist services for the Powys population.

### 5.6.1 Commissioning Oversight and Assurance Group (COAG)

The COAG provides a formal forum for internal oversight and escalation for the performance monitoring of commissioned non-specialist services, informed and supported by the Contract, Quality, Performance and Resource meeting (CQPRM) process with reference to the PTHB IQPF; PTHB proposed draft Strategic Commissioning Framework (SCF); NHS Wales Planning Guidance and Performance Framework; and NHS England Annual Priorities and Operational Planning guidance.

The Group, which will be chaired by the Executive Director of Planning, Performance and Commissioning, will provide oversight of the performance of commissioned service providers against the four domains of the IQPF:

- Analysis of relevant data including demand and capacity of service, NHS Wales and NHS England Performance Framework adherence, workforce availability/cost, trends, areas of concern, and opportunities for improvement.
- Receive updates, from CQPRMs, to feed into the Health Board Integrated Quality and Performance Report and Commissioned Services Performance Report (the latter to be presented to the Executive Committee on a monthly basis).
- Identify and discuss specific challenges and issues that impact the performance of services. This process will underpin the IQPF exception and escalation process.
- Review and monitor action plans that address the identified challenges and outline the steps required for mitigation/improvement. These plans should be specific, measurable, achievable, relevant, and time-bound (SMART) to ensure effective implementation with progress against timelines of recovery / improvement.
- Update and maintain the commissioning services risk register, reviewing and validating the risk score/impact and feed into overarching corporate risk register

- Determine requirement for further internal escalation and enact these as required

### 5.6.2 Contract, Quality, Performance and Resource (CQPRM) meetings

Provides a mechanism to oversee the arrangements for performance monitoring of PTHB Commissioned Services with reference to the PTHB IQPF; PTHB proposed draft Strategic Commissioning Framework (SCF); NHS Wales Planning Guidance and Performance Framework; and NHS England Annual Priorities and Operational Planning guidance.

The CQPRM will ensure that:

- PTHB and Provider resources are used wisely to get the best possible outcomes (individual, service, organisation and community) and experience for the population we serve.
- The evidence base for which interventions are most effective, looking at unwarranted variation in services, outcomes and costs, and measuring the impact actions are having on improving experience and outcomes of individuals and populations and the use of resources.
- There is focus on quality outcomes, experience and cost to help ensure that resources are allocated and managed to have the greatest positive impact.
- There is clear, consistent strategic direction, strong leadership and transparent lines of accountability.
- At all levels there is a person centred approach, putting patients, patient safety and experience as well as safeguarding above all other considerations.
- The right systems and processes are in place to deliver from a patient's perspective – safe, timely, efficient, effective and equitable services.
- There is good team working, non-hierarchical collaboration and partnership working to provide the best possible health and wellbeing outcomes. Risks and issues are actively identified and robustly managed at all levels.
- Relationships with commissioned service providers ensure that decisions are based upon valid, accurate, complete and timely data and information.

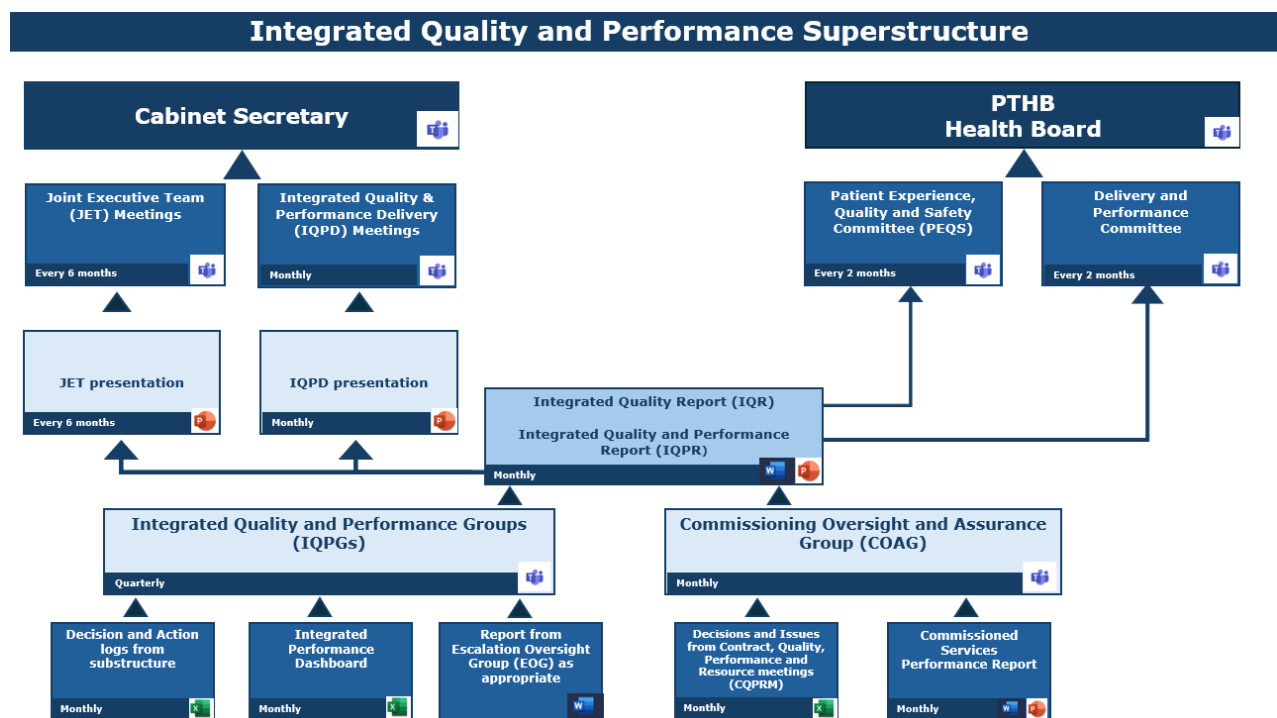
The frequency of CQPRMs will be dependent on the circumstances, performance and range of risks identified for each contract with NHS Wales, NHS England, private sector commissioned service providers.

Within these meetings, assurance on compliance will be sought and information reviewed in line with the contract requirements to ensure national standards for performance, quality, patient experience and finance are met as detailed within the NHS Wales and NHS England Performance and Delivery Frameworks.

The core membership of the CQPRM, which will be chaired by the Assistant Director of Performance and Commissioning / Head of Commissioning shall comprise officers from Commissioning, Quality, Finance, Information, Performance, Workforce and Service Group colleagues (as appropriate) from PTHB and commissioned service providers.

## 6. System of Reporting, Review, Escalation and Assurance

It is the expectation that the Integrated Quality and Performance Group review meetings at both clinical service group and corporate level will report to the Executive Committee. The CQPRMs will report to the COAG which will then report to the Executive Committee. Reports and issues by exception will be received by the Delivery and Performance Committee / PEQ Committee for assurance and scrutiny as appropriate, ultimately then reporting to Board. The illustration below sets out the high-level approach to performance oversight:



## 7. Provider Services Escalation Arrangements

7.1 The operationalisation of the IQPF is predicated on the principle that, wherever possible, issues should be resolved at individual, team, Operational Directorate or Corporate Directorate level and that Operational Directorates and Corporate Directorates should work collaboratively and be mutually supportive in line with Health Board values. This means escalation within provider services 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 The purpose of escalation is two-fold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the Board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues

where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case-by-case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

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

This system of escalation reporting and review is designed to provide assurance through to Committees of the Board and the Board on the quality and safety of services, access to care, improvement, and delivery against the Annual Plan.

- 7.3 First line intervention in relation to matters such as unresolved problems and persistent non-achievement of targets will be a dialogue between relevant Operational Directors 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.
- 7.4 Second line intervention will be to the Executive Team via the Integrated Quality and Performance Group meetings to understand the reasons for the failure to deliver and agree recovery actions with support to do this where necessary. The Executive Team will receive monthly performance updates as routine and where services are escalated, where appropriate, will also receive targeted monthly updates.
- 7.5 Progress will be monitored at regular review meetings, with the frequency being determined based on the particular circumstances.
- 7.6 There will be times when Operational Directorate or corporate team performance and delivery is triggering cause for concern with no evidence of sustained improvement. In such circumstances an escalation process will apply in line with the performance triggers as per the NHS Wales Quality and Delivery Framework. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation.
- 7.7 Escalation status for Operational Directorates and Corporate Departments will be reviewed monthly based on month end reporting against the key deliverables in the Health Board plan. The Executive Team will receive a monthly overview report which will assist in the determination of escalation and will also draw in other relevant matters as necessary. For clarity this will include elements of the following areas as relevant to the Operational Directorates or Corporate Directorate (other aspects will be added as required):
- Quality and safety matters e.g. Health Inspectorate Wales (HIW) inspections, never events
  - External reviews
  - Infection control
  - Patient experience

- Any matters of public health
- Performance against Plan deliverables
- Financial performance
- Unscheduled care delivery
- Planned care delivery (OP, IP/DC, diagnostics, therapy)
- Activity measures
- Workforce matters, training, PADRs, revalidation
- Cancer access
- Primary care access
- Immunisation and Vaccination

7.8 The levels of the framework, triggers and escalation response are set out below. Broad triggers are described as a level of judgement that will need to be used about escalation decisions. However, the intention will be to maintain all Operational Directorates and Corporate Departments as low down the escalation framework as possible. Consideration will be made, as the IQPF beds in, on increasing the breadth of the benefits of earned autonomy which could include fewer performance meetings, changes in financial delegations, lighter touch Vacancy and Non Pay Control measures as examples. This will be considered as part of the development of the IQPF.

Escalation level	Performance Trigger	Action expected	Monitoring and support
Level 1: Normal arrangements (consider earned autonomy)	Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.  No exceptions or quality concerns.  Sound governance arrangements in place.  Performance within expected targets.	No escalation action.  Could result in freedom from some of monitoring mechanisms and meetings.	Main monitoring through base performance review process.
Level 2a	Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance.	Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm	Options include: <ul style="list-style-type: none"> <li>• Internal support as required (QI/VBHC/planning – issue dependent).</li> <li>• Consideration of compliance with</li> </ul>

Escalation level	Performance Trigger	Action expected	Monitoring and support
	<p>Sustained deterioration on 1 or more domain.</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>• Failure to deliver on an NHS Performance Framework target or local target trajectory.</li> <li>• A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation.</li> <li>• Failure of quality standard.</li> </ul>	<p>any enhanced monitoring.</p> <p>Recovery plan to be developed that address issues to be recovered/improved.</p> <p>Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency.</p> <p>Reported through to Executive Committee.</p>	<p>Professional clinical codes and standards and proportionate response.</p> <ul style="list-style-type: none"> <li>• Consideration of compliance with managerial code of practice.</li> <li>• Internal peer review.</li> <li>• Executive support (directly or from other teams).</li> <li>• Consider need for bespoke response.</li> </ul> <p>Minimum monthly updates to Executive Committee.</p>
Level 2b (Financial)	Specially for finance: Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	<p>CEO to call a special <b>'Budget Review Meeting'</b> of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support).</p> <p>Agreed action plan established:</p> <ul style="list-style-type: none"> <li>- monitored through financial reporting arrangements.</li> <li>- Review period established if plan failing.</li> </ul>

Escalation level	Performance Trigger	Action expected	Monitoring and support
Level 3	<p>Serious concerns on quality and governance.</p> <p>Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives.</p> <p>Clear articulation of reasons for escalation and criteria for escalation.</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>• Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action.</li> <li>• Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures.</li> </ul>	<p>Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</p> <p>Service Area or corporate directorate demonstrating recognition of issues and commitment to improve.</p> <p>Improvement/recovery plan required to address issues identified.</p> <p>Reported through to executive and relevant committee.</p>	<p>Actions could include:</p> <ul style="list-style-type: none"> <li>- Independent review of service/corporate department effectiveness.</li> <li>- Temporary or permanent change in leadership arrangements.</li> <li>- Consideration of compliance with Professional codes and standards and proportionate response.</li> <li>- Deployment of appropriate HR policies e.g. Capability policy.</li> <li>- Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria).</li> </ul> <p>Minimum monthly updates to executive and relevant committee.</p>

Escalation level	Performance Trigger	Action expected	Monitoring and support
	<ul style="list-style-type: none"> <li>• Performance recovery is failing to improve or maintain performance.</li> <li>• Any significant failure of quality standard.</li> </ul>		

7.9 These arrangements act as a framework and may need to be flexed to respond to the specific circumstances and context.

7.10 In areas where performance does not improve the Executive Team will agree the support options available. The final decision on support options will rest with the Chief Executive Officer.

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

## 8. Commissioned Services Escalation

8.1 For PTHB Commissioned Services, the escalation framework as detailed in Section 7 will be referenced to ensure oversight to provide assurance to the Board that commissioned services performance and delivery is being robustly managed and poor performance addressed.

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

8.3 Performance will be monitored through regular CQPRM meetings with the frequency of these meetings being determined based on the particular circumstances.

8.4 There will be times when a commissioned service provider performance and delivery is triggering cause for concern with no evidence of sustained improvement. In such circumstances an escalation process will apply in line with the performance triggers as per the NHS Wales Quality and Delivery Framework. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation.

8.5 Intervention in relation to matters such as unresolved problems and persistent non-achievement of targets will be as per the Disputes and Arbitration process detailed within the Long Term Agreements (LTAs).

## **9. Implementation**

The implementation of the IQPF will continue with the revised framework implemented from 1<sup>st</sup> April 2025. The implementation plan will be managed via the Delivery and Performance Committee as will any infrastructure reporting changes required as a result of the implementation of this revised framework.

## **10. Feedback**

Key to continuous improvement, learning and development is effective feedback. The reporting and escalation process set out in the framework should be accompanied by feedback on actions taken, outcomes and learning.

## **11. Review of the IQPF**

This IQPF will be approved by the Board. It will be reviewed annually by the Delivery and Performance Committee who will make recommendations for refresh when deemed necessary or in three years whichever comes first.

## Appendix A: Supporting Information

### A.1 NHS Wales Escalation and Intervention Arrangements

The IQPF sits within the broader performance management arrangements of NHS Wales. The IQPF assists the health board in fulfilling its duties to maintain appropriate governance arrangements to ensure it is operating effectively and delivering quality and safe care to patients. The framework also supports the health board to provide accurate and timely responses to requests for information from Welsh Government and enables cooperation with action taken under the collective arrangements of the [NHS Wales Escalation and Intervention Arrangements](#) where necessary.

### A.2 Board Assurance Framework

Performance management is a major part of PTHB's assurance arrangements and an important component of its overall system of internal control. Performance reports and review meetings generate valuable information for an assurance framework and so performance reporting and the Board Assurance Framework are strongly aligned. Performance reports will detail known performance issues and the planned corrective action. These, in turn, will be reflected in the assurance framework within the descriptions of gaps in control. Similarly, the results of performance reporting will be used to regularly review the effectiveness of internal controls and inform integrated planning processes.

### A.3 Proposed Draft Strategic Commissioning Framework

The effective alignment and interdependency of the Health Board Integrated Quality Performance Framework and the proposed draft Strategic Commissioning Framework is vital and will facilitate a more robust understanding of achievements, risks and issues to delivery, highlighting issues of capacity, resource and prioritisation. This will enable the Annual Plan, Directorate Plans and Team Plans to be evidence based, challenging and achievable.

### A.4 Performance and Outcomes Frameworks

There are three key National Outcome Frameworks which need to be considered within the Framework for Integrated Performance; The NHS Wales Performance Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework. These frameworks set out the population and process outcomes to be delivered through both health and social care. The health board and Powys County Council will work to develop a coherent whole system performance outcomes framework; aligning these three frameworks and other performance frameworks to enable more efficient and effective performance management and improvement across health and care. Further detail of the three frameworks is provided below.

### A.5 Wellbeing of Future Generations Act (2015)

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

#### A.6 NHS Wales Planning and Performance Frameworks (including Cabinet Secretary Enabling Actions)

Organisational delivery measured against the annual NHS Wales Performance Framework evidences the delivery of services and processes which contribute to the goals of the Public Health Outcomes Framework for Wales and ultimately the national indicators of the Wellbeing of Future Generations Act. The Powys THB IQPF to support the health board in providing assurance to the Welsh Government that it is delivering against priorities and driving up standards through reporting against the delivery framework measures.

Performance reporting within the health board will be aligned to its Annual Plan and therefore to the agreed aims and strategic objectives. However, the alignment to the NHS delivery domains will be maintained through the comprehensive reporting against the measures within the national delivery framework.

#### A.7 Public Health Outcomes Framework

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

#### A.8 Social Services Outcomes Framework

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

#### A.9 Health and Social Care (Quality and Engagement) (Wales) Bill / Act

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