



IMPROVING PERFORMANCE MANAGEMENT AND REPORTING

1. SITUATION

- 1.1 It is widely acknowledged that the quality of the performance reporting to the Board is not robust and requires urgent attention to ensure:
 - 1.1.1 Timely information that enables effective performance management and board assurance
 - 1.1.2 Feedback loops that create a positive climate for performance improvement, and delivery of our strategic goals.

2. BACKGROUND

- 2.1 There are several factors that contribute to the current position. These include:
 - 2.1.1 Changes of leadership and management in the corporate performance reporting space, with Andrew Nelson and Linda Prosser becoming responsible officers in just the last few weeks and days.
 - 2.1.2 The new operating model has seen a devolution of performance management and reporting capability and a decoupling of intelligence processes.
 - 2.1.3 The performance management resource is new, small, divested across corporate and ILGs and has significant development needs. The most capable capacity has been deployed to COVID and Vaccination delivery activity over the last 18 months.
 - 2.1.4 The wide range of statutory process metrics required by WG to be brought to the attention of the board (90+)
 - 2.1.5 Mal-alignment in the performance management cycle whereby data comes in too late to inform the report.
- 2.2 There are three critical issues:
 - 2.2.1 The first relates to the measures that should be reported to board and whether these should be strategic measures, i.e. short to medium term outcome measures, or whether the board requires sight and assurance on all of the objectives set out by WG in the Delivery and Quality Framework
 - 2.2.2 The second relates to the depth, content and quality of the narrative provided in support of the measures
 - 2.2.3 The third relates to whether there should be a single integrated report on performance or whether each quadrant of the quadruple aim (quality, outcomes, cost effectiveness and WOD) are reported individually.

- 2.3 There is a broad appetite to develop our reporting, getting the statutory requirements right and developing the content to include indicators relating to the delivery of CTM strategic goals and a recognition that the present position is in need of improvement

3. ASSESSMENT

- 3.1 Despite the constraints set out above there are some relatively quick wins. These include:
- 3.1.1 More effective join up of the monthly ILG performance meetings and ILG performance managers / analysts to build the corporate narrative*
 - 3.1.2 Appropriate feeds from relevant programmes such as Elective, Urgent Care, Quality & Safety, Finance etc
 - 3.1.3 Early support and development to ensure that corporate Performance manager has ability to take relevant feeds, collate and add value, given access to the right people across the organisation* to create clear and concise narratives that describe:
 - How we are doing
 - How this compares to aspirations, WG standards and our peers
 - Causes of suboptimal performance
 - Actions being undertaken; by when and whom
 - Delivery risks and mitigations
- 3.2 Some longer term developments should be described with timelines for their deployment over the next 6 months. These include:
- 3.1.1 Integrated Performance report that includes Quality & Safety, Workforce and Finance
 - 3.1.2 Mortality & clinical audit data
 - 3.1.3 More detailed driver diagram (logic model) style assessments whereby contributory factors are understood & their impact on the performance measure appreciated and quantified. Benchmarking and Prudent healthcare indicators such as unwarranted variation would be further analytical tools that would support root cause analysis and opportunity.
 - 3.1.4 Cross cutting drivers of sub-optimal performance
 - 3.1.5 Outcome measures aligned to CTM 4 Strategic Goals

Actions

- 3.2 Agreement on the metrics that need to be reported to board and the expected content of the narrative, including frequency, level of detail (e.g. ILG level), and if by exception whether this is exception against plan or exception against the Welsh Government expected level of service



- 3.3 Agreement as to how the processes for managing operational, financial, Quality & Safety etc performance are undertaken and how the products of these processes can, with minimal variation or additional effort, feed into the corporate report in sufficient time.
- 3.5 In the short term include the CIO / performance manager in the formal performance management processes undertaken by the Chief Operating Officer.
- 3.6 Agree within finance, clinical audit, Population Health, Quality & Safety, Workforce & OD key individuals responsible for providing the relevant sections of the performance report.

4 RECOMMENDATION

- 4.1 Implement the actions.
- 4.2 Agree that the development of the report to include broader objectives will take up to six months.