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Welsh Health Specialised
Services Committee (WHSSC)

WHSSC

Performance Framework: Measure what matters

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1. PURPOSE

The new commissioner performance assurance framework for WHSSC includes a reset commissioner relationship with commissioner Health Boards in Wales and a provider relationship across all the WHSSC contracts, performance assurance measurements and a revised performance assurance process.

2. PREVIOUS PROCESS

The previous performance assurance process at WHSSC was based on the key performance targets mandated in the Welsh Government Delivery and Outcomes Framework, key performance indicators in contracts and service specifications. Performance was reported monthly to Management Group and bi-monthly to Joint Committee. WHSSC has an escalation process that enables enhanced monitoring where service concerns arise. Any concerns with service provision is reported to the Quality and Patient Safety Committee (QPS).

Regular performance meetings held with providers dependent upon the level of escalation. For the larger contracts in particular Welsh providers regular service level agreement meetings (SLA) are held and at least annual contract meetings with the rest of the WHSSC contracts (providers in England). WHSSC also rely on the scrutiny on providers discharged by NHS England Specialist Commissioners and have access to their quality portal and scrutiny of regulator reports, HIW and CQC predominantly. Any issues arising from regulator reports were acted upon and reported to QPS.

3. WHSSC COMMISSIONING INTENTIONS POST COVID-19

The COVID-19 pandemic has had a significant impact on the delivery of specialised services and the impact is likely to last at during 2021-22 and beyond. WHSSC's commissioning intentions and associated performance monitoring were reset and described in the 2019-22 Integrated Commissioning Plan. However it has been recognised that in the COVID-19 environment the commissioning intentions needed to be revisited, along with a new performance assurance framework. Joint Committee at its meeting on 14 July 2021 agreed to reset the WHSSC commissioning intentions to the following:

1. Reduce the harms related to COVID-19. Our key focus will be restoring access to specialised services which reduced during the early phases of the pandemic.
2. Ensuring that strategically important fragile services remain viable during the pandemic and that full recovery of these services is possible.

4. COMMISSIONER RELATIONSHIP

WHSSC commission a range of specialised services on behalf of Health Boards in Wales. Although there are discussions with Health Boards at Management Group and Joint Committee there is little opportunity to understand individual organisation's strategic direction and priorities. The WHSS Executive Team rarely

meets with executive teams in Health Boards to discuss their individual Health Board strategic direction and ambition for their residents and therefore what their ambition is for specialised services.

It is therefore proposed that an annual meeting is held with each Health Board Executive Team in their commissioner function to inform the WHSSC strategy and Integrated Commissioning Plan (ICP).

5. PERFORMANCE ASSURANCE MEASUREMENT

As a result of responding to the COVID-19 outbreak, provider organisations were permitted to stand down routine care and focus on delivery of services for patients with COVID-19 and essential services. This means that the regular performance reporting also changed. As services start to resume and to reflect the revised commissioning intentions a new performance assurance process needs to be developed to provide assurance on WHSSC commissioned service.

Moving forward the emphasis will need to be on a range of indicators and not simply referral to treatment times (RTT) or activity based measures. There is now an opportunity to measure what matters to patients to provide a rounded assessment of how services deliver. Appendix 1 suggests new performance measures for WHSSC commissioned services in four domains;

- Quantitative
- Process
- Outcome
- Qualitative

These domains are then applied to patients referred, patients undergoing treatment, patients waiting for treatment and patients diverted to other forms of treatment using a range of indicators to assess performance. Activity and cost based indicators still remain relevant and important but these are balanced with other indicators, including patient reported measurements, to give an assessment based on outcomes and not simply inputs. The range of indicators will remain under review and will need to align with any new outcomes frameworks that are mandated by Welsh Government.

A new risk management strategy has been developed to support the performance assurance framework.

6. PERFORMANCE ASSURANCE PROCESS

Throughout the pandemic WHSSC has applied a light touch commissioning process, standing down all routine meetings to support the provider organisations to respond to COVID-19 and reduce burden on them. As services restart there is now an opportunity to reset and develop a performance assurance process that is clear and transparent, provides the appropriate level of assurance, measuring what matters and also supports the continued development and improvement of specialised services.

WHSSC will therefore adopt the following process:

- Reliance on the NHS England specialist commissioner frameworks and processes will still be maintained for English contracts but these will be strengthened in line with the process below which will apply to all of the WHSSC contracts.
- Regular service level agreement (SLA) meetings will be held with providers in Wales, as there is no other assurance mechanism and these contracts are usually higher value.
- Regular SLA meetings will also be held with providers where the service is of strategic importance that is they could be the sole provider of a service or the provider has a significant strategic link to Welsh provision.

At the SLA meetings there would be an expectation that data is provided in accordance with the assurance measures detailed in appendix 1 together with a discussion on financial outturns and projections across the WHSSC commissioned services, identification of any key risks, implementation of schemes approved in the ICP and a forward look for the next iteration of the ICP.

6.1 Contracts with value over c£40m or where the contract is of significant strategic importance

- Annual Exec to Exec (would expect to meet with Director of Planning, Finance and a Clinical Director as a minimum) meetings to discuss the plan for the forthcoming year and to discuss performance on the previous year. This will form part of ICP process
- Bi-monthly SLA Meetings to include lead executive as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.2 Contracts with value £10m to £40m

- Bi-annual SLA Meetings to include lead executive as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.3 Small Contracts <£10m

- Annual SLA Meetings to include lead assistant director as a minimum
- For services in escalation performance meetings in line with level of escalation
- Ad hoc meetings with lead planner/commissioning team and service leads to discuss performance, delivery of ICP and plans for forthcoming year

6.4 Specific Deep Dives

We will use the core structure as above but supplement with a cyclical view that could have a deeper dive into a particular specialty or geographic area – examples included specialised cardiac; specialised paediatrics; or geographical coverage eg a Powys deep dive bringing in University Hospital Birmingham; University Hospital North Midlands and Birmingham Women and Children’s Hospital.

7. REPORTING

The performance assurance dashboard (refined to reflect the performance measures) will be reported as follows;

- Corporate Directors Group Board Monthly
- Management Group Monthly
- Joint Committee Bi-monthly

8.0 ROLES AND RESPONSIBILITIES

Whilst it is everyone’s role to manage performance, Joint Committee must drive a culture of performance by providing a clear vision together with priorities, goals and objectives.

Effective performance management requires defined roles and responsibilities and clear ownership of outcome measures. A summary of these roles and responsibilities is as follows:

8.1 Managing Director

- Overall statutory responsibility for patient safety, governance and performance management
- Accountable to Joint Committee

The Managing Director has delegated responsibility for the detailed operation of the Performance Management Framework to the Director of Planning and Performance. To discharge this responsibility, s/he will work with the Corporate Directors to ensure effective performance management arrangements are in place across WHSSC.

8.2 Corporate Directors

The Corporate Directors Group, provides a forum for Directors to discuss matters of strategic or operational significance prior to onward transmission or cascade, where appropriate, to Joint Committee or other appropriate committees. The Corporate Directors Group also decides, given evidence from locality, directorate

or corporate team, whether any deviation from required performance is material in relation to WHSSC's escalation process.

8.3 Director of Planning

Leads the development and implementation of performance management arrangements and has delegated responsibility for preparing, implementing and updating the Performance Framework:

- Ensuring that robust systems are in place for the performance management of national, local and internal targets;
- Facilitating Performance Reporting to the relevant committees as detailed above, including exception reporting for "off plan" performance;
- Ensuring that plans to address "off plan" performance are developed and implemented;
- Ensuring that governance arrangements to support performance management are in place, robust and effective; and
- Ensures that all aspects of WHSSC's responsibilities are reflected within the framework.

8.4 Director of Nursing and Quality

Responsibility for ensuring the safety and quality of services commissioned by WHSSC, ensuring that these are adequately reflected in the performance management framework.

8.5 Medical Director

Responsibility for driving professional accountability in delivering key performance indicators and promoting clinical leadership to support the delivery of the performance agenda.

8.6 Director of Finance

Lead responsibility for delivering the Financial Framework within which WHSSC operates, linking to Business Planning, Commissioning and Contracting functions. Leads the development of systems to deliver the Financial Plan.

8.7 Commissioning Teams

Responsible for working with Health Boards and services to understand the drivers to performance and developing and monitoring improvement plans.

8.8 All Staff

Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action, taking positive personal action and responsibility to improve their own practice and performance.

Appendix 1 Performance Measures

Themes/pillars				
Scope	Quantitative assessment:	Process assurance	Outcome measures	Qualitative assessment
All patients referred	Referral numbers Waiting list numbers	Prioritisation process	Contact with patients waiting	
Patients undergoing treatment	Activity Data	Are providers; following nosocomial guidelines Pre surgical guidelines	Mortality 30-day readmission PROM Treatment specific measures KPI's from service specific service specifications	PREM
Patients referred but not treated	Waiting list numbers	Waiting list management and processes for patient reviews.	Mortality Emergency admission rates PROM Treatment specific measures KPI's from service specific service specifications	PREM
Patients diverted to alternative treatment	Numbers referred for alternative treatment. Waiting list numbers for alternative treatment. Activity Data for alternative treatments.	Provider following WHSSC Policy	KPI's from service specific service specifications Patient outcome measurement - mortality - LOS - Readmission rate	PREM