MONITORING AND EVALUATION MANUAL

DEFINING THE PROCESS FOR CONTRACT
MONITORING AND MANAGEMENT
AND THE EVALUATION OF PROGRAM
PERFORMANCE FOR THE NORTH COAST
PRIMARY HEALTH NETWORK

phn
NORTH COAST
An Australian Government Initiative

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DEFINITIONS

TERM	DEFINITION
Business Day	A day that is not: Saturday or Sunday; or a public holiday, special holiday or bank holiday in the place in which any relevant act is to be or may be done.
Effectiveness	The degree to which the Provider (or process) is delivering quality outputs and outcomes
CEO	The Chief Executive Officer of NCPHN
CMP	Contract Management Plan. This the key tool for monitoring and evaluation and delivery of Triple Aim Objectives – see the Procurement Manual for detail
CMS	Contract Management System. Folio is being developed to be NCPHN's centralised contract management tool
Contract Assessment	Undertaking gathering of evidence and review activities to test the progress and delivery of work against agreed objectives and KPIs
CRM	Customer Relationship Management. ChilliDB is NCPHN's centralised database for recording and storing information about stakeholders
Department of Health	The Commonwealth Department of Health
KPIs	Key indicators of performance that measure the activities of a program, results delivered from those activities and the broader impact of a program. This holistic approach to understanding program performance is achieved through defining three types of KPIs: Process KPIs - Progress measures of program activities e.g. establishment of services Output KPIs - Measurement of the quantity, quality and timeliness of services delivered e.g. number of patients enrolled in program Outcome KPIs - Measurement of the results generated by program outputs e.g. rate of patient program completion
NCPHN Board	The Board of Directors of NCPHN
PIM	Project Inception Meeting
Provider	An entity contracted to NCPHN to deliver a service/project

TERM	DEFINITION
RAP	Remedial Action Plan
Triple Aim	The Triple Aim is an Institute for Healthcare Improvement framework for improving the performance of health systems through three key drivers: Improving patient care experiences e.g. quality and satisfaction Improving population health Reducing health care costs
Value	Delivery of improved outcomes and outputs for agreed inputs
Value Risk Assessment	An assessment of service and Provider risks combined with the value of the contract used to determine an appropriate performance monitoring and evaluation approach

3 MONITORING AND EVALUATION PHASE

INTRODUCTION

The purpose of this document (the Monitoring and Evaluation Manual) is to set out a step-by-step guide for the monitoring and management of contracts and the evaluation of program performance to improve health outcomes for North Coast communities

THIS MANUAL IS ONE OF THREE INTERRELATED MANUALS WHICH TOGETHER FORM THE THREE PHASES OF THE NCPHN COMMISSIONING FRAMEWORK, BEING:

1 PLANNING & DESIGN

2 PROCUREMENT

3 MONITORING & EVALUATION

Before embarking on monitoring and evaluation activities, it is necessary for the user to read the Manual from start to finish and to familiarise themselves with each of the steps described, their relationships to one another and the interrelationships with the other Manuals.

THE TOOLS AND TEMPLATES REQUIRED TO EXECUTE THE MONITORING AND EVALUATION PROCESS ARE ATTACHED AS APPENDICES TO THIS DOCUMENT.
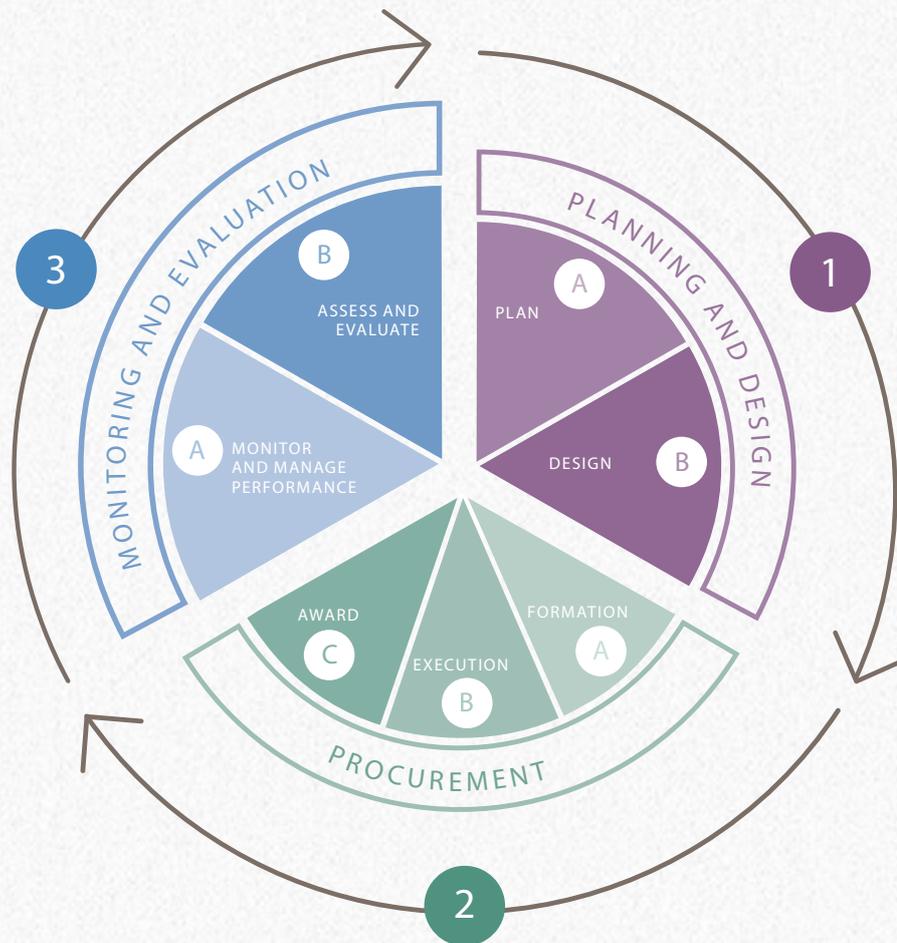
FIGURE: PHASES OF THE COMMISSIOING CYCLE

The Department of Health defines commissioning as a 'continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring, and evaluation'[1]. It involves a set of linked activities that includes Needs Assessment, priority setting, procurement through contracts, monitoring of service delivery, and review and evaluation.

3 MONITORING & EVALUATION PHASE

The purpose of the Monitoring and Evaluation phase is to assess the effectiveness and value of the commissioned services whilst providing ongoing support to the Provider.

Monitoring and evaluation is performed with a view toward delivering the 'Triple Aim' objectives of health care[2]. The Triple Aim is an Institute for Healthcare Improvement framework for improving the performance of health systems through three key drivers:

> Improving patient care experiences e.g. quality and satisfaction

> Improving population health

> Reducing health care costs

BENEFITS OF COMPREHENSIVE PERFORMANCE MONITORING AND EVALUATION

A systematic and efficient process to monitoring and managing contracts is fundamental to optimising Provider performance whilst minimising risk. To deliver on this purpose, five key elements should be considered:

1. Processes – standard procedures and guidance material

2. Governance and how the function is structured in an organisation – clear policies, roles and responsibilities

3. Knowledge management – how information is gathered, stored and used

4. Technology enablement – to improve the efficiency and effectiveness of contract management

5. KPIs that align with the purpose of the commissioned activity – process metrics (progress of activities), output metrics (quantity, quality and timeliness of services) and outcome metrics (results generated by program outputs)

Effective monitoring and evaluation processes that comprehensively consider these elements in their design are more likely to support the realisation of benefits during the life of the contract.

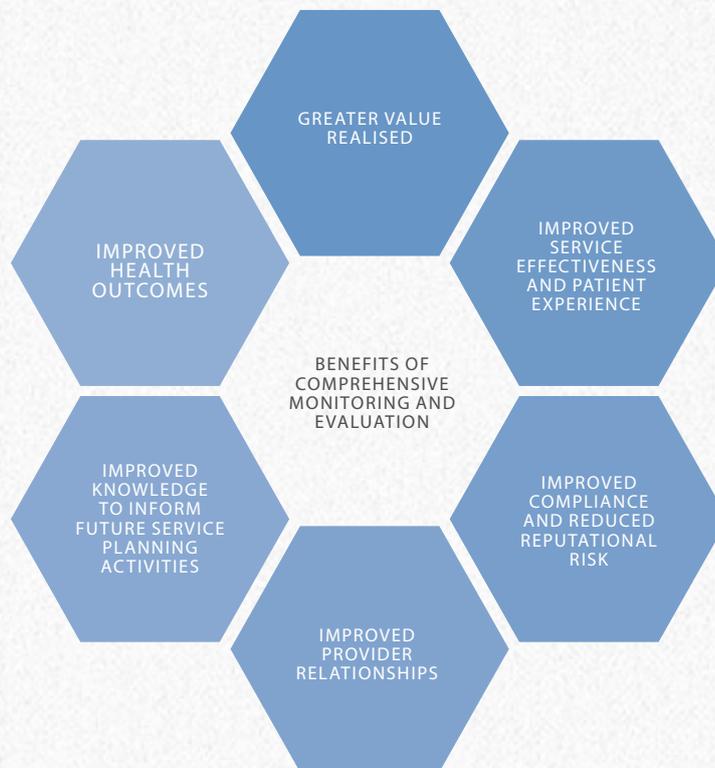The diagram below represents the benefits of a comprehensive monitoring and evaluation process for NCPHN:

GREATER VALUE REALISED

IMPROVED HEALTH OUTCOMES

IMPROVED SERVICE EFFECTIVENESS AND PATIENT EXPERIENCE

BENEFITS OF COMPREHENSIVE MONITORING AND EVALUATION

IMPROVED KNOWLEDGE TO INFORM FUTURE SERVICE PLANNING ACTIVITIES

IMPROVED COMPLIANCE AND REDUCED REPUTATIONAL RISK

IMPROVED PROVIDER RELATIONSHIPS

DIAGRAM: BENEFITS OF COMPREHENSIVE PERFORMANCE MONITORING AND EVALUATION

A FRAMEWORK FOR MONITORING AND EVALUATION

This Manual provides the overarching framework for the Monitoring and Evaluation phase of the commissioning cycle. It follows on from the Procurement Manual to assist Commissioning Leads to monitor and manage Provider performance, to assess contracts and evaluate programs.

The framework provides for two main, non-linear approaches. The Monitor and Manage Performance stage incorporates activities that provide for both the ongoing monitoring and support of Providers and for periodic formal assessment of Provider performance. If there are no issues with a Provider's performance during the monitoring and management of a contract, the contract is managed in accordance with the pre-determined Contract Management Plan and flows directly from the Monitor and Manage Performance stage to the Assess and Evaluate stage without the need for escalation. If, alternatively, the Provider is underperforming, an Escalation process is triggered, which potentially requires the identification and implementation of remedial actions. The framework is depicted on page 9.
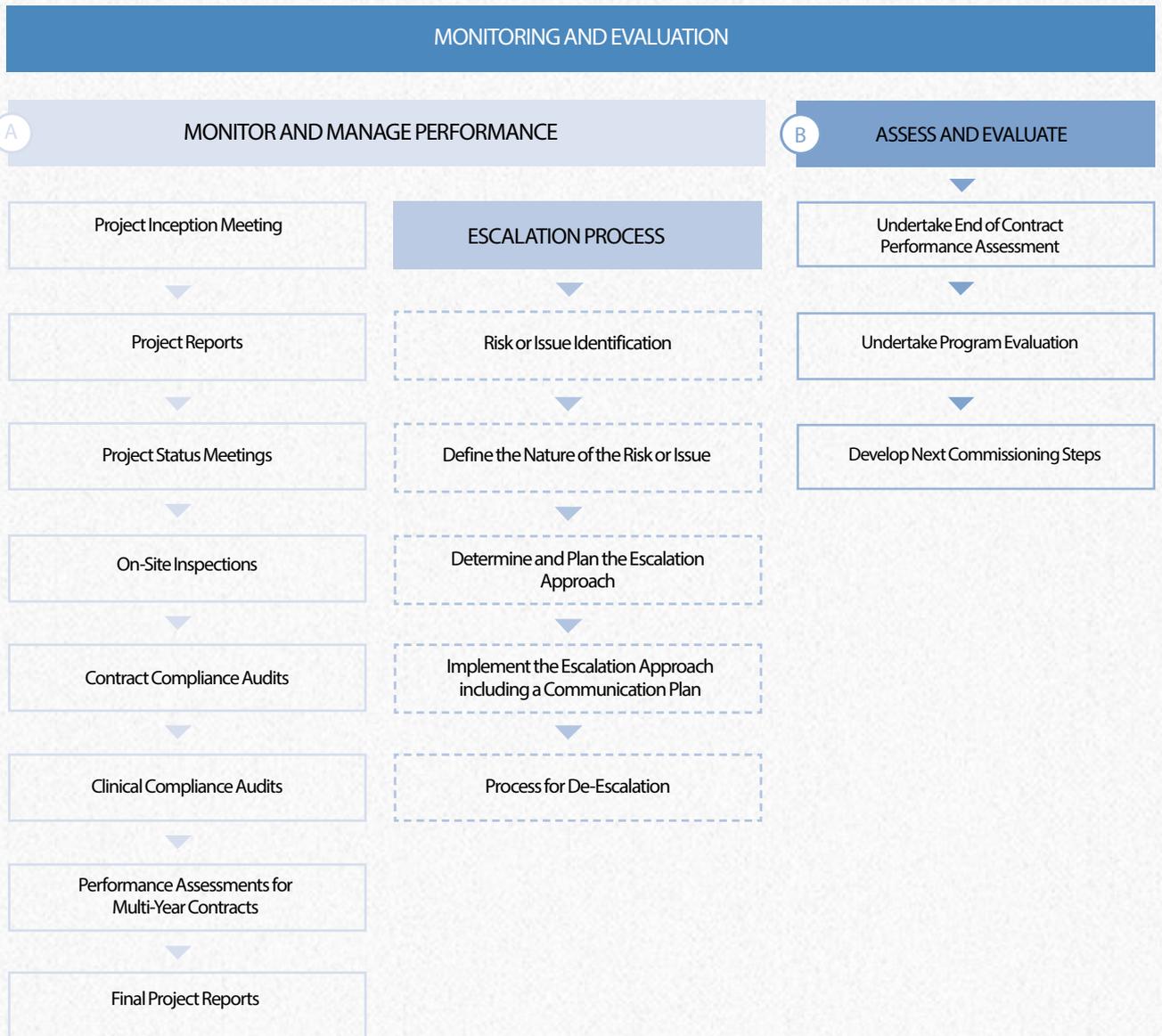
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MONITORING AND EVALUATION

A | MONITOR AND MANAGE PERFORMANCE

B | ASSESS AND EVALUATE

MONITOR AND MANAGE PERFORMANCE	ESCALATION PROCESS	ASSESS AND EVALUATE
Project Inception Meeting		Undertake End of Contract Performance Assessment
Project Reports	Risk or Issue Identification	Undertake Program Evaluation
Project Status Meetings	Define the Nature of the Risk or Issue	Develop Next Commissioning Steps
On-Site Inspections	Determine and Plan the Escalation Approach	
Contract Compliance Audits	Implement the Escalation Approach including a Communication Plan	
Clinical Compliance Audits	Process for De-Escalation	
Performance Assessments for Multi-Year Contracts		
Final Project Reports		

FIGURE: MONITORING AND EVALUATION FRAMEWORK

USING THE RACI MATRIX TO IDENTIFY WHO IS INVOLVED IN MONITORING AND EVALUATION

The RACI Matrix (Responsible, Accountable, Consulted, Informed) describes the participation by various roles in completing tasks or deliverables for a Project or business process

RACI CLASSIFICATION	DESCRIPTION
Responsible	The person who does the work to achieve the task. They have responsibility for getting the work done or decision made.
Accountable	The person who is accountable for the correct and thorough completion of the task. This must be one person and is often the Project Executive Team Sponsor. This is the role that the responsible person is accountable to and approves their work.
Consulted	The people who provide information for the Project and with whom there is two-way communication. This is usually several people, often subject matter experts.
Informed	The people kept informed of progress and with whom there is one-way communication. These are people that are affected by the outcome of the tasks, so need to be kept up-to-date.

Note that the roles listed in the RACI Matrix are indicative only and may require adjustment (be changed, added to or removed) in order to make sure it is appropriate for the individual situation.

The RACI Matrix should be been completed (i.e. internal stakeholders should be mapped and the roles and associated staff members should be identified) before starting monitoring and evaluation activities (Appendix A). This is the responsibility of the Executive Team member leading the directorate responsible for the commissioning activity (the Executive Team Sponsor).

The roles/functions that are involved in monitoring and evaluation include:

> Chief Executive Officer
> Commissioning Lead
> Commissioning and Planning Coordinator
> Procurement Management Team – the team includes Director Corporate Services, the Manager Reporting, Risk & Contracts, Manager Governance & Quality, and Manager Finance and Management Accounting
> The Provider
> Other (defined role with clear purpose) e.g. Subject Matter Expert

Other key stakeholders that may be engaged at specific points within the process include:

> Financial experts
> Legal experts
> The NCPHN Board or Board sub-committees (where relevant)
> Probity Advisor

The RACI Matrix will continue to be referred to throughout the Manual.

| RACI MATRIX ROLE	DESCRIPTION
Chief Executive Officer (CEO)	The Chief Executive Officer of NCPHN.
Commissioning Lead (CL)	The Commissioning Lead owns the end-to-end Monitoring and Evaluation phase and oversees the broader commissioning process at a strategic level.
Commissioning and Planning Coordinator (C&PC)	The Commissioning and Planning Coordinator may provide specialist advice and support, particularly during the Assess and Evaluate stage.
Executive Team Sponsor (ETS)	The Executive Team member leading the directorate responsible for the commissioning activity.
Procurement Management Team (PMT)	The Procurement Management Team provides detailed commercial, governance and financial advice and support throughout the Monitoring and Evaluation phase.
Provider	An entity contracted to NCPHN to deliver a service/Project
Subject Matter Expert (SME)	The Subject Matter Expert role could be fulfilled by the Commissioning Lead (or a relevant officer tasked with the functional responsibilities of the subject). They provide clinical/program advice and guidance in relation to the service being procured and how it should be managed. For example, the Subject Matter Expert may specialise in: > Mental health > Drug and alcohol rehabilitation > Indigenous health etc

KEY BACKGROUND KNOWLEDGE AND UNDERSTANDING

One of the key documents prepared in the Procurement phase is the Contract Management Plan (CMP). The CMP includes the rationale which determines NCPHN's approach to monitoring, assessment and reporting for a given Provider. This approach is determined based on a Value Risk Assessment. The Value Risk Assessment is described in more detail in the Execution stage of the Procurement Manual, and is pictorially represented in the figure below.

Depending on the results of the Value Risk Assessment, a Basic, Standard or Comprehensive performance monitoring and management approach will be followed by the Commissioning Lead.

This is a fundamental concept that underpins the Manual in order to appropriately focus the time and effort of the Commissioning Lead.

1 COMPLETING THE VALUE RISK ASSESSMENT

TOTAL DOLLAR VALUE OF ALL NCPHN CONTRCTS

High > $500k

Low <$100k

Low   High

PROVIDER RISK
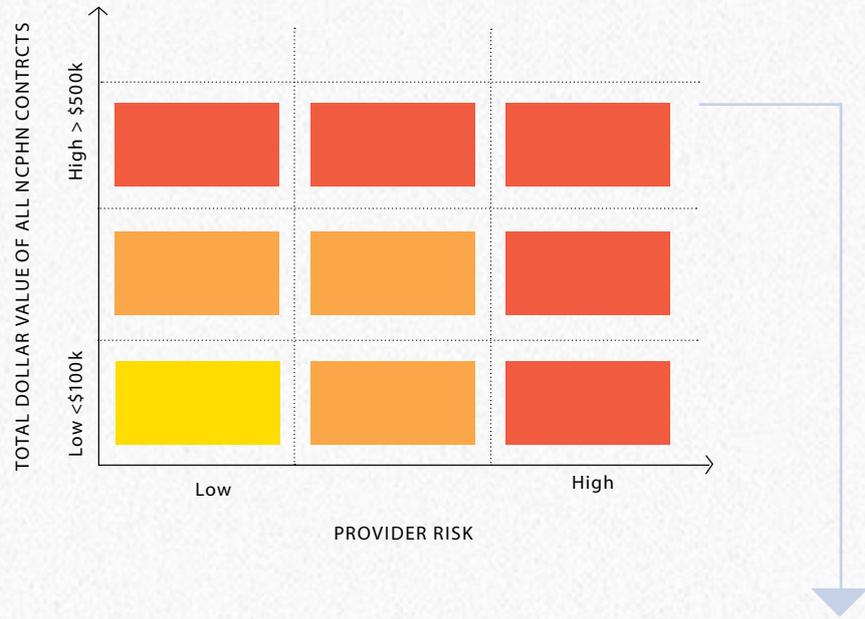
2 DETERMINES INDICATIVE PERFORMANCE MONITORING AND ASSESSMENT APPROACH:

Comprehensive   Standard   Basic

3

RECOMMENDS THE FREQUENCY OF PERFORMANCE MONITORING TASKS TO BE UNDERTAKEN BY THE COMMISSIONING LEAD (TABLE ON PAGE 14-17)

FIGURE: DETERMINING THE APPROPRIATE MONITORING AND MANAGEMENT APPROACH

MONITORING AND MANAGMENT ACTIVITIES	PURPOSE AND INTENT	PERFORMANCE MONITORING ACTIVITY FREQUENCY			
		Basic	Standard	Compreh-ensive	Guidance Material or Tools
Project Inception Meeting (PIM)	The Project Inception Meeting (PIM) is a formal meeting with the Provider to kick-off the monitoring and assessment activities detailed in the CMP.	Once, within seven days of awarding the Contract.	Once, within seven days of awarding the Contract.	Once, within seven days of awarding the Contract.	Project Inception Meeting Agenda Template (Appendix B)
Project Reports	Project Status Reports – reports to be submitted to NCPHN by the Provider capturing Project progress from the commencement of the Contract. Content should include progress against the KPIs, and discussion on any issues, challenges, and emergent and realised risks.	Three times a year	Quarterly	Quarterly	Project Status Report Template (Appendix C)
	Final Project Status Report - reports to be submitted to NCPHN by the Provider. Content should include progress against the KPIs, and discussion on any issues, challenges, and emergent and realised risks for the full duration of the Contract.	Once, within 20 business days of completion of the Contract	Once, within 20 business days of completion of the Contract	Once, within 20 business days of completion of the Contract	Final Project Status Report Template (Appendix F)
	Interim Financial Acquittal Reports - an unaudited income and expenditure statement for all financial activity relating to the Project for the nominated period.	Consult with Manager Finance and Man-agement Accounting	Consult with Manager Finance and Man-agement Accounting	Consult with Manager Finance and Man-agement Accounting	Template to be provided by Manager Finance and Man-agement Accounting on request
	Final Audited Financial Acquittal Report - an audited income and expenditure statement for all financial activity relating to the Project for the full duration of the Contract.	Consult with Manager Finance and Man-agement Accounting	Consult with Manager Finance and Man-agement Accounting	Consult with Manager Finance and Man-agement Accounting	Template to be provided by Manager Finance and Man-agement Accounting on request

MONITORING AND MANAGMENT ACTIVITIES	PURPOSE AND INTENT	PERFORMANCE MONITORING ACTIVITY FREQUENCY			
		Basic	Standard	Compresh-ensive	Guidance Material or Tools
Project Status Meetings	Routine meetings between NCPHN and the Provider to discuss Project progress, risks and issues. Commissioning Leads should engage with Providers to discuss: > Project progress including against the KPIs > What parts of the Project are going well and what opportunities have arisen or may be expected > What issues, challenges and risks the Provider is experiencing or what they are expecting Is there anything NCPHN or the Provider could do to improve the working relationship?	Three times a year	Quarterly	Monthly	Project Status Meeting Agenda Template (Appendix D) Project Status Meeting Minutes Template (Appendix E)
On-Site Inspections	Routine check on the Provider's premises to observe practices and sight key documents (if necessary). For example, if a Provider is an accredited organisation and is required to showcase particular documents to customers in visible locations, a routine check on the Provider's premises may be appropriate.	Once during the life of the Contract.	Once within the first 4 months of execution of the Contract. Then one other instance during the life of the Contract.	Once within the first 3 months of execution of the Contract. Then thereafter once annually.	Required documentation to be developed by Commission-ing Lead on a case by case basis, and may include: > Letter or email providing notice to the Provider of the intended inspection. > File note to record observa-tions during inspection. > Follow-up letter or email to the Provider regarding the outcomes

MONITORING AND MANAGMENT ACTIVITIES	PURPOSE AND INTENT	PERFORMANCE MONITORING ACTIVITY FREQUENCY			
		Basic	Standard	Compresh-ensive	Guidance Material or Tools
Contract Compliance Audits	An Audit of Provider compliance with Contract requirements (i.e. those specifications, terms and conditions set out in the Statement of Works and the Services Agreement) Such an Audit may be random, or in response to an emergent issue or risk (e.g. to investigate a complaint against the Provider) Commissioning Leads should consult with the Manager Governance and Quality, and/or the Manager Reporting Risk and Contracts when issues or risks emerge that may require a Compliance Audit response (refer to the Escalation process in the Manual for the consultation process).	Ad-hoc	Ad-hoc	Ad-hoc	Required documentation to be developed by Commissioning Lead on a case by case basis, and may include: > Letter providing notice to the Provider of intended Audit > Audit checklist > Audit findings notes > Audit Report
Clinical Compliance Audits	An Audit of a clinical governance, safety and quality system, or of a clinical service. To be led by a clinician. Such an Audit may be random, or in response to an emergent issue or risk (e.g. to investigate a complaint against a Provider concerning clinical safety/ quality issues). Commissioning Leads should consult with the Manager Governance and Quality, and the Manager Reporting Risk and Contracts when issues or risks emerge that may require a Clinical Compliance Audit response (Refer to the Escalation process in the Manual for the consultation process).	Ad-hoc	Ad-hoc	Ad-hoc	Required documentation to developed by Commissioning Lead on a case by case basis, and may include: > Letter providing notice to the Provider of intended Audit > Audit checklist > Audit findings notes > Audit Report

MONITORING AND MANAGMENT ACTIVITIES	PURPOSE AND INTENT	PERFORMANCE MONITORING ACTIVITY FREQUENCY			
		Basic	Standard	Compresh-ensive	Guidance Material or tools
Contract Performance Assessment for Optional Multi Year Contracts	Contracts with provisions to extend to a multi-year term will be subject to an assessment and decision making process to determine whether a Contract is to be: > Concluded (not exercising the option to extend) > Extended with no changes to scope > Extended with a variation to scope	To be per-formed as required by the Contract	To be per-formed as required by the Contract	To be per-formed as required by the Contract	Contract Performance Assessment Report Template (Appendix H)

NOTES FOR COMMISSIONING LEADS

The above monitoring and management activities are not necessarily comprehensive or exhaustive. Commissioning Leads will need to consider whether other activities are applicable or needed for a particular Contract/Provider.

COORDINATION OF PROVIDER ENGAGEMENT

It is likely that some of the large Providers will deliver services across a number of different services areas (e.g. mental health and drug and alcohol and Aboriginal health). To limit disruption to our Providers but to maximise the information gathered from interactions with them, it will be important that Commissioning Leads agree on a 'Relationship Owner' with each Provider organisation.

Each Commissioning Lead who then needs to discuss their specific Contract or performance matters with a Provider in which they are not the Relationship Owner will need to advise the Relationship Owner of their need to engage with the Provider before a meeting is planned.

Additionally, where Providers have multiple contracts with NCPHN, check to see what data is already collected from them to simplify the data collection process and enable standardisation of contracting and performance reporting, where possible.

It is recommended that to coordinate these efforts effectively, Commissioning Leads should discuss as a group, on a regular basis, who they are meeting with and what types of monitoring activities they are looking to do for the coming period. This ideally should minimise duplication of effort and disruption to Providers, where practicable.

RISKS OR ISSUES IDENTIFIED DURING MONITOR AND MANAGE PERFORMANCE STAGE

If a risk or issue is identified while undertaking monitoring and management activities, it is important that this is documented immediately and then actions follow those described in the Escalation process set out in the Manual.

DOCUMENTING PERFORMANCE MONITORING ENGAGEMENTS WITH PROVIDERS

At the end of each interaction, Commissioning Leads should update the CRM and the CMS with who was seen or met with, key points and outcomes from the discussion, any further qualitative progress notes to inform future performance meetings or discussions and finally any lessons learned that may inform future commissioning cycles.

DECLARING CONFLICTS OF INTEREST

NCPHN staff involved in the monitoring and management of contracts must identify and declare potential, perceived or real conflicts of interests. All conflicts of interest must be managed in accordance with the NCPHN Code of Conduct.

Where the conflict of interest is not with the Commissioning Lead, the Commissioning Lead should be consulted/informed. Additionally, the Commissioning Lead should consult/inform the PMT of all conflicts of interest.

SUPPORT PROGRAM COORDINATION AND PROVIDER CAPABILITY DEVELOPMENT

An important role for NCPHN is to support the coordination of programs across Providers and to support in developing capability in the sector. The purpose of these activities are designed to promote best practices in care to patients across Providers, improve efficiency of services and to improve the value of care to deliver on the intended outcomes.

The key activities that are encouraged for Commissioning Leads to coordinate between Providers include the following:

ACTIVITY	PURPOSE AND INTENT	RESPONSIBLE
Program Roundtable	> Designed to convene all Providers delivering the same service across the region to discuss common challenges and to collaboratively drive better practices to patients. > Chaired by NCPHN. > Designed for the larger services that require coordination across multiple Providers. As an indication, these events should be organised at least twice a year.	Organised by the Commissioning Lead
Knowledge and Information Sharing Sessions	> Designed to provide Providers within a service area (e.g. Mental Health or Drug and Alcohol) with a short session (e.g. 1.5 hours) for NCPHN to share any recent sector updates (some of which may be Australia-wide) with all Providers who may be impacted. May also involve guest speakers. > These sessions are also designed to be networking opportunities, facilitated by NCPHN. > Event is facilitated by NCPHN, potentially of an evening. > These events should be held on an as-needed basis (e.g. if there are major changes that would impact all Providers in a particular sector).	Organised by the Commissioning Lead
Working with NCPHN Webcasts	> Designed to focus more on the process of working within a contract and a performance-focused culture and how to support Providers to work in this improved paradigm. > These are not intended to be sector specific but opportunities for all Providers to learn on how to improve the way they work with NCPHN. > Examples may include, how to use data more effectively, preparing for the performance meeting etc. > This benefits NCPHN by being more engaged and benefits providers by being more prepared to work in a commissioning environement.	Organised by L&D in NCPHN to provide regular 'drop-in' style web-casts on pre-defined topics.

③ MONITORING AND EVALUATION PHASE

A MONITOR AND MANAGE PERFORMANCE
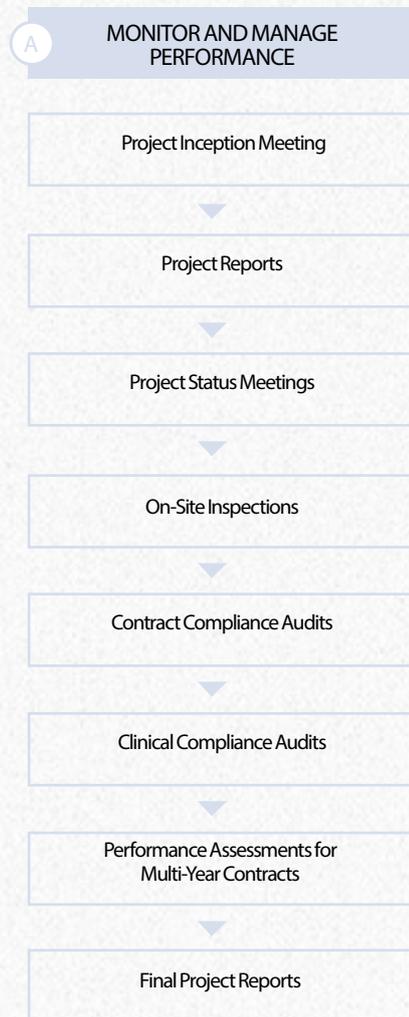
(A) MONITOR AND MANAGE PERFORMANCE

OVERVIEW

The purpose of this stage is to implement an appropriate approach to performance monitoring and management based on the Value Risk Assessment of each Contract and Provider.

Commissioning Leads are responsible for engagement with Providers to achieve the following:

1. Kick off the Monitor and Manage Performance stage and articulate how NCPHN will support the Provider in successful delivery of the Contract requirements

2. Set the relationship with the Provider up for success by implementing the CMP, developing a shared understanding of the performance monitoring and management activities and delineating clear roles and responsibilities

3. Outline the principles and processes which will be followed to monitor and manage performance

4. Monitor and undertake formal assessments of the Provider's performance against Contract Process, Output and Outcome KPIs

5. Implementing an escalation approach for under-performing contractors which reduces NCPHN risk and supports Provider service improvement

6. Support coordination between Providers where possible and/or necessary

7. Document progress, lessons learned and knowledge to continuously improve Provider performance, sector capability and NCPHN's commissioning practices

A high level illustration of the key processes is presented below:

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┌─────────────────────────────────────┐
│ (A)    MONITOR AND MANAGE            │
│        PERFORMANCE                   │
└─────────────────────────────────────┘

┌─────────────────────────────────────┐
│        Project Inception Meeting     │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        Project Reports               │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        Project Status Meetings       │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        On-Site Inspections           │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        Contract Compliance Audits    │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        Clinical Compliance Audits    │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│   Performance Assessments for        │
│   Multi-Year Contracts               │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│        Final Project Reports         │
└─────────────────────────────────────┘
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PROJECT INCEPTION MEETING

The Project Inception Meeting (PIM) is the first activity to complete in the Monitor and Manage Performance stage and is a key step for setting up Providers for success in delivering the requirements of their respective contracts and overall program objectives. PIMs should be planned at the conclusion of the Execution stage of the Procurement phase and included in the CMP. The PIM should occur within seven (7) days of executing the Contract. The PIM Agenda (Apendix B) should be provided to the Provider as soon as possible.

The meeting is a formal kick-off of the Contract and should be used to confirm Project/contractual details, including the monitoring and assessment activities. The scope of topics identified in PIMs for inclusion in the Agenda (Appendix B) should include, but is not limited to:

> Identification of the Provider's project team and NCPHN's Contract representative. Relative roles and responsibilities, and communication channels, should be identified with respect to the delivery of the services under the Contact and the implementation of the monitoring and assessment activities

> The Project scope of works, objectives, and the identified Process, Output and Outcome KPIs

> Identification of Project stakeholders to be engaged with/ consulted/informed etc during the delivery of the services under the Contract

> Confirmation of the planned performance monitoring and assessment approach, including the:

>> Type, purpose, frequency and schedule of meetings to be held

>> Type, purpose, frequency and schedule of status and final reports, data and financial acquittals to be submitted by the Provider – including hard copy/ soft copy reporting templates, or online submission requirements

>> Type and purpose of On-Site Inspections, Contract Compliance Audits, and Clinical Compliance Audits

>> Purpose and schedule of the end of Contract assessment

> Outlining NCPHNs escalation process in the event of increasing risks or the realisation of issues which impact performance

SCREENSHOT OF THE PROJECT INCEPTION
MEETING AGENDA TEMPLATE

TIPS FOR A SUCCESSFUL PROJECT INCEPTION MEETING

1) FIRST IMPRESSIONS COUNT - the Project Inception Meeting signals the start of the relationship between NCPHN and the Provider so arrive on time, prepared and ready to make a great first impression.

2) KEEP IT POSITIVE - this may be the first time experiencing an enhanced contract management approach for many Providers so clearly explain the process, the benefits and why its important for the Provider and NCPHN.

3) BUILD THE RAPPORT – be open and clear in your communication to ensure that the project relationship is collaborative and effective rather than confrontational and disruptive. Remember, communication is a two-way process!

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Develop the PIM Agenda	CL	CL	Provider	
b) Hold the PIM with the Provider within 7 days of executing the Contract	CL	CL	Provider	

RACI MATRIX — PROJECT INCEPTION MEETING

PROJECT REPORTS

The CMP and the Statement of Works will specify the contractual reporting requirements (type of report to be submitted, reporting period, details to be included in the report, and due date for the report). The type of reports that the Provider may need to submit to NCPHN include:

> Project Status Reports

> Interim Financial Acquittal Reports

PROJECT STATUS REPORTS

Project Status Reports are designed to capture progress of the delivery of services under the Contract to ensure it is tracking on schedule. The Project Status Report Template (Appendix C) should be used to tailor the particulars of each Contract but should include information regarding progress against the:

> Activities, tasks and milestones set out in the Services Specification under the Statement of Works (Process KPIs); and

> Output and Outcome (if available) KPIs set out in the Statement of Works.

Project Status Reports should also include details regarding any:

> Issues, challenges, and emergent and realised risks that may have arisen during the reporting period and an explanation on how the Provider addressed, managed and mitigated same; and

> Opportunities for improvement in how the Project can be delivered and in how the Provider and NCPHN can work together more collaboratively.

The Contract with the Provider may link the acceptance of the adequacy of Project Status Reports with periodic or staged Contract payments. It is therefore important for the Commissioning Lead ensure Project Status Reports are delivered to NCPHN on time and are reviewed for appropriateness. Commissioning Leads should therefore:

i. Notify the Provider that the Report is due at least ten (10) Business Days prior to the due date

ii. Upon receipt of the Report, review its content within five (5) Business Days to ensure that:

> All requisite information has been provided in the Report; and

> The Project is being delivered in accordance with Process, Output and Outcome KPIs

iii. If the Report is assessed as adequate by the Commissioning Lead, the Provider should be advised accordingly. Where the acceptance of the Report is linked to a payment under the Contract the Commissioning Lead should notify the Manager of Finance and Management Accounting accordingly

iv. If the Report is assessed as inadequate by the Commissioning Lead the Provider should be advised accordingly in writing and directed to rectify the inadequacies and resubmit the Report with the requisite information to ensure it satisfies the contractual requirements. Where the acceptance of the Report is linked to a payment under the Contract, the Commissioning Lead should notify the Manager of Finance and Management Accounting of the progress of the rectification of the Report until it is accepted

If as a result of this process Provider performance issues or risks remain unresolved, the matter should be escalated and the Commissioning Lead should refer to the Escalation process set out in the Manual.
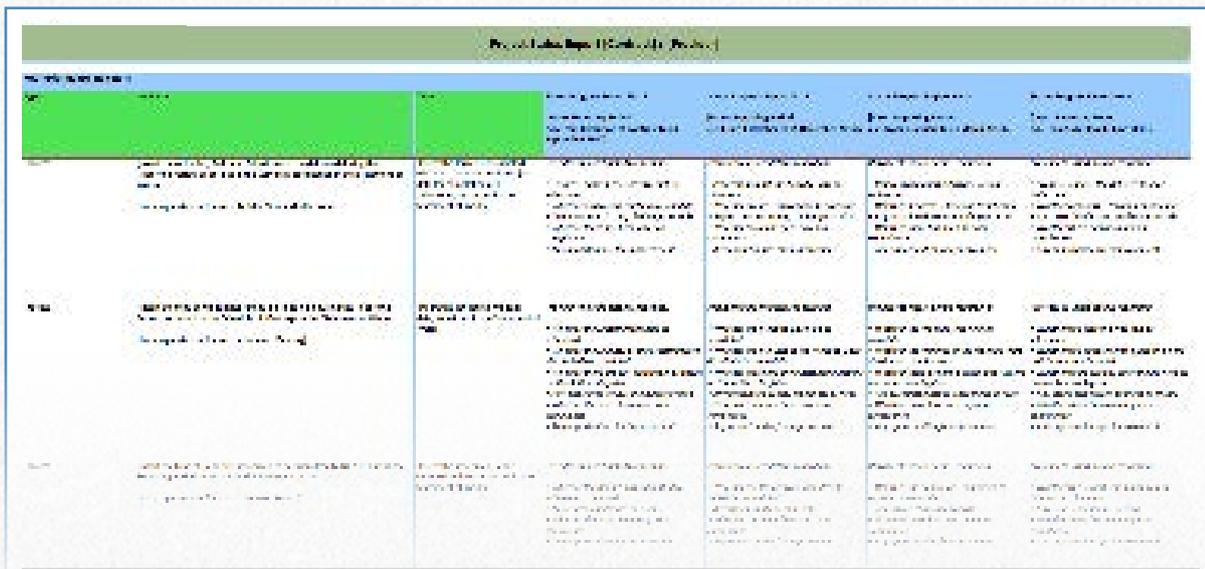
SCREENSHOT OF THE PROJECT STATUS REPORT TEMPLATE

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Notify the Provider that the Project Status Report is due at least 10 Business Days prior to the due date	CL	CL		
b) Ensure the Project Status Report is delivered to NCPHN on time	CL	CL		
c) Upon receipt of the Project Status Report, review its content within 5 Business Days and assess whether it is adequate	CL	ETS		
d) Advise the Provider in writing if Project Status Report is assessed as inadequate	CL	CL		
e) Notify the Manager of Finance and Management Accounting where acceptance of the Project Status Report is linked to a payment under the Contract	CL	CL		

RACI MATRIX — PROJECT STATUS REPORT

INTERIM FINANCIAL ACQUITTAL REPORTS

Interim Financial Acquittal Reports are required to demonstrate that the Provider is managing the Project budget to ensure that the following are delivered to budget:

> Activities, tasks and milestones set out in the Services Specification under the Statement of Works (Process KPIs); and

> Output and Outcome KPIs set out in the Statement of Works.

The Contract with the Provider may link the acceptance of the adequacy of Interim Financial Acquittal Final Project Reports with a Contract payment. It is therefore important for the Commissioning Lead ensure Interim Financial Acquittal Reports are delivered to NCPHN on time and are referred to the Manager Finance and Management Accounting to review for appropriateness. Commissioning Leads should therefore:

i. Notify the Provider that the Report is due at least ten (10) Business Days prior to the due date

ii. Upon receipt of the Report, refer it to the Manager Finance and Management Accounting to review its content within five (5) Business Days to ensure that:

> All requisite information has been provided in the Report; and

> The Project is being delivered in accordance with the Process, Output and Outcome KPIs

iii. If the Report is assessed as adequate by the Manager Finance and Management Accounting , the Provider should be advised accordingly

iv. If the Report is assessed as inadequate by the Manager Finance and Management Accounting, the Provider should be advised accordingly in writing and directed to rectify the inadequacies and resubmit the Report with the requisite information to ensure it satisfies the contractual requirements

If as a result of this process Provider performance issues or risks remain unresolved, the matter should be escalated and the Commissioning Lead should refer to the Escalation process set out in the Manual.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Notify the Provider that the Interim Financial Acquittal Report is due at least 10 Business Days prior to the due date	CL	CL		
b) Ensure Interim Financial Acquittal Report is delivered to NCPHN on time	CL	CL		
c) Refer Interim Financial Acquittal Report to the Manager Finance and Management Accounting immediately after receipt	CL	CL		
d) Manager Finance and Management Accounting to review for appropriateness within 5 Business Days of receipt	Manager of Finance and Management Accounting	Manager of Finance and Management Accounting		CL
e) Advise the Provider in writing if Interim Financial Acquittal Report is assessed as inadequate	CL	CL		Manager of Finance and Management Accounting

RACI MATRIX — INTERIM FINANCIAL ACQUITTAL REPORT

PROJECT STATUS MEETINGS

Routine Project Status Meetings are to be held between NCPHN and the Provider to discuss the progress of the delivery of the Project. Importantly they are also useful to build rapport with individuals and consequently strong and productive relationships between the organisations.

The purpose and agenda of Project Status Meetings are largely driven by the scope and detail of information and data provided to NCPHN in the Project Status and Interim Financial Acquittal Reports, and they may also, therefore, provide the opportunity for NCPHN to clarify or seek and receive further information from the Provider that will facilitate NCPHN's acceptance of these Reports. As such, the schedule for Project Status Meetings should be closely aligned to the receipt of the Project Status and Interim Financial Acquittal Reports.

The figure below provides an indicative timeline for the key steps that Commissioning Leads should follow for planning and convening Project Status Meetings and for the documentation of outcomes.

TIMEFRAME	PROCESS STEP	SUPPORTING TOOLS
Ten (10) Business Days before meeting dat	1. ISSUE DRAFT AGENDA	Project Status Meeting Agenda Template (Appendix D)
Five (5) Business Days before meeting date	2. ISSUE FINAL AGENDA	
Project Status Meeting	3. CONVENE MEETING	
Five (5) Business Days after meeting date	4. RECORD AND COMMUNICATE OUTCOMES AND ACTIONS	Project Status Meeting Minutes Template (Appendix E)

STEP ONE: ISSUE DRAFT AGENDA

At least (10) Business Days prior to the date of the Project Status Meeting, the Provider should be notified of the date, time and location of the planned meeting.

A draft Project Status Meeting Agenda should be forwarded to the Provider at this time and should include the following matters for discussion:

> Minutes of the previous meeting

> Progress against actions identified on the Actions Register

> Progress against the activities, tasks and milestones set out in the Services Specification under the Statement of Works (Process KPIs)

> Output and Outcome (if available) KPIs set out in the Statement of Works

> Issues, challenges, and emergent and realised risks that may have arisen and an explanation on how these have been addressed, managed and mitigated by the Provider

> Other issues or matters that the Commissioning Lead may have identified, as a result of the review of the preceding Project Status Report, that require clarification or further information so that NCPHN can accept the Project Status Report

> Any escalation activity that may be in place and unresolved

> Opportunities for improvement in how the Project can be delivered and in how the Provider and NCPHN can work together more collaboratively

The Commissioning Lead should request the Provider to advise of any items that it may wish to add to the meeting agenda.

STEP TWO: ISSUE FINAL AGENDA

At least five (5) Business Days prior to the date of the Project Status Meeting, the Provider should be forwarded the final agenda for the meeting including any items requested to be included by the Provider, and any additional items that the Commissioning Lead may have identified.

SCREENSHOT OF THE PROJECT STATUS MEETING
AGENDA TEMPLATE

ATTENDEES

NCPHN attendance at Project Status Meeting is the responsibility of the Commissioning Lead. Executive Team members may attend high priority meetings e.g. top 10 Providers, high risk/high value (Comprehensive management approach) contracts, or contracts which are likely to be escalated for under-performance etc.

Commissioning Leads should confirm who will represent the Provider at the Project Status Meeting and ensure they receive all preparation materials.

STEP THREE: CONVENE MEETING

The structure of the Project Status Meeting will be set out in the final version of the agenda. Commissioning Leads should chair the meeting and use the Project Status Meeting Agenda to guide the discussion of the attendees.

Commissioning Leads should:

> Strive to ensure that discussion is constructive and productive, rather than critical and disruptive

> Ensure enough time is allocated to each agenda item so that all matters can be adequately discussed

> Request the Provider to provide commentary on the information presented in the preceding Project Status Report, including whether the Project is on track (Services Specification, and the Project Schedule and Budget) and whether the KPIs are being achieved

> Where Provider performance issues, or Project risks, are identified, the Commissioning Lead should discuss the cause of the issues and the means by which the Provider proposes to rectify them. Commissioning Leads should refer to the Escalation process set out in the Manual for guidance on how to respond to performance risks or issues

> Where, for any reason, a change to the scope of the Contract is discussed or requested, the Commissioning Lead should review, with the Provider, the reason for the request and the consequent implications on the Services Specification, and the Project Schedule and Budget, and determine whether a contract variation is appropriate. An example of when a contract variation may be required, is when the timelines by which a Provider is given to deliver on its performance requirements is changed.

> Confirm the date and time of the next meeting with the Provider

STEP FOUR: RECORDING THE OUTCOMES AND ACTIONS ARISING FROM THE MEETING AND COMMUNICATING THEM TO THE PROVIDER

Within five (5) Business Days of the Project Status Meeting, the Commissioning Lead should draft and distribute the minutes of the meeting to the Provider. The minutes should include:

> Date, time and location of the meeting

> Attendees and apologies

> A summary of the discussion held on each agenda item, including decisions made and actions identified. An Actions Register should be developed and updated following each meeting

> A summary of discussion regarding Other Business not included on the meeting agenda

> Date, time and location of the next Project Status Meeting

NOTES FOR COMMISSIONING LEADS

> Ensure all documentation is uploaded into the CMS e.g. meeting agenda and minutes, pertinent email communication etc.

> File a note on the CRM to record the interaction with the Provider

> Update the Risk Register if required

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Notify Provider of date, time and location of the Project Status Meeting 10 Business Day prior to the meeting date, and request items for inclusion in the Project Status Meeting Agenda	CL	CL	Provider	
b) Issue draft Project Status Meeting Agenda to Provider	CL	CL		
c) Issue final Project Status Meeting Agenda to Provider	CL	CL		
d) Hold Project Status Meeting and take minutes	CL	ETS		
e) Distribute the minutes of the meeting within 5 Business Days of the meeting and communicate any other outcomes and actions to Provider	CL	CL		

RACI MATRIX — PROJECT STATUS MEETINGS

ON-SITE INSPECTIONS

On-Site Inspections can include routine checks on the Provider's premises (or an alternate venue where the service is delivered) to observe practices if necessary.

For example, if a Provider is an accredited organisation and is required to showcase particular documents to customers in visible locations, a routine check on the Provider's premises may be appropriate.

The required documentation is to be developed by Commissioning Lead on a case by case basis, and may include:

> Letter or email providing notice to the Provider of the intended inspection

> File note to record observations during inspection

> Follow-up letter or email to the Provider regarding the outcomes

CONTRACT COMPLIANCE AUDITS

A Contract Compliance Audit is an audit of the Provider's compliance with Contract requirements i.e. those specifications, terms and conditions set out in the Statement of Works and the Services Agreement.

A Contract Compliance Audit may be routine (e.g. to sight key documents in person), or in response to an emergent issue or risk (e.g. to investigate internal processes in response to a complaint against the Provider).

Commissioning Leads should consult with the Manager Governance and Quality, and/or the Manager Reporting, Risk and Contracts when issues or risks emerge that may require a Compliance Audit response.

The required documentation is to developed by the Commissioning Lead on a case by case basis, and may include:

> Letter providing notice to the Provider of intended Audit

> Audit checklist

> Audit findings notes

> Audit Report

CLINICAL COMPLIANCE AUDITS

A Clinical Compliance Audit is an audit of a clinical governance, safety and quality system, or of a clinical service.

A Clinical Compliance Audit may be routine, or in response to an emergent issue or risk (e.g. to investigate a complaint against a Provider concerning clinical safety/quality issues).

Commissioning Leads should consult with the Manager Governance and Quality, and the Manager Reporting, Risk and Contracts when issues or risks emerge that may require a Clinical Compliance Audit response.

The Audit is to be led by a clinician. The required documentation is to be developed by the Commissioning Lead, in consultation with the clinician who will carry out the Audit, on a case by case basis, and may include:

> Letter providing notice to the Provider of intended Audit

> Audit checklist

> Audit findings notes

> Audit Report

NOTES FOR COMMISSIONING LEADS

> Ensure all documentation is uploaded into the CMS e.g. meeting agenda and minutes, pertinent email communication etc.

> File a note on the CRM to record the interaction with the Provider

> Update the Risk Register if required

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Plan and undertake On-Site Inspections if/when necessary	CL	ETS		
b) Plan and undertake Contract Compliance Audit if/when necessary	CL	ETS	Manager Governance and Quality and/or Manager Reporting Risk and Contracts	
C) Plan and undertake Clinical Compliance Audits if/when necessary	Subject Matter Expert – Clinician / CL	ETS	Manager Governance and Quality and Manager Reporting Risk and Contracts	

RACI MATRIX — ON-SITE INSPECTION AND COMPLIANCE AUDITS

CONTRACT PERFORMANCE ASSESSMENT FOR OPTIONAL MULTI-YEAR CONTRACTS

Contracts with provisions to extend to a multi-year term will be subject to an assessment and decision making process to determine whether a Contract is to be:

> Concluded (not exercising the option to extend)

> Extended with no changes to scope

> Extended with a variation to scope

The timing of the Contract Performance Assessment will be determined by the terms of the Contract which relate to notice periods, however it is expected that at least one month's notice to the Provider will be required. The Assessment should include activities performed from the Contract commencement to the date of Assessment.

The figure below provides an indicative timeline for the key steps that Commissioning Leads should follow for the Contract Performance Assessment and for the documentation of outcomes.

TIMEFRAME	PROCESS STEP	SUPPORTING TOOLS
Two (2) months prior to notification deadline	1. CONDUCT THE CONTRACT PERFORMANCE ASSESSMENT	Contract Performance Assessment Report Template (Appendix H)
Ten (10) Business Days prior to notification deadline	2. ISSUE FINAL CONTRACT PERFORMANCE ASSESSMENT REPORT TO CEO FOR APPROVAL OF DECISION	
One (1) month prior to the conclusion of the initial Contract term	3. NOTIFY PROVIDER OF THE DECISION	

STEP ONE: CONDUCT THE CONTRACT PERFORMANCE ASSESSMENT

The Commissioning Lead will undertake an Assessment of:

1. The Providers performance against the Process, Output and Outcome KPIs identified in the Contract

2. The overall Project to determine whether it is on track to achieving program outcomes

The inputs which could be used for the Contract Performance Assessment include, but are not limited to:

> Project Status Reports and Project Status Meeting outcomes

> Analysis of available data, including Provider benchmarking (see below for an example)

> Customer feedback

> Professional or Subject Matter Expert advice/judgement

> Other relevant information

COLLECT AND ANALYSE PERFORMANCE DATA

The Contract for each Project may specify data that is required to be submitted by the Provider to NCPHN. Below are some suggested types of analysis that Commissioning Leads could perform to identify trends and insights to assist with Assessment.

TYPE OF ANALYSIS	EXAMPLE	INTENDED AIM	ILLUSTRATIVE REPRESENTATION
Comparison against output KPIs	Trending of patient occasions of service for a given service.	Designed to trend or compare a particular data for or over a specific period of time.	
Comparison of data between Providers	Compare occasions of service for the same service provided by multiple Providers.	Compare performance for a specific KPI that is consistent between Providers.	

STEP TWO: ISSUE FINAL CONTRACT PERFORMANCE ASSESSMENT REPORT TO CEO FOR APPROVAL OF DECISION

The template for the Contact Performance Assessment Report (Appendix H) is largely consistent with the template for the Project Status Report. Follow the advice from the previous sections on how to collect and complete this content.

In the Contract Performance Assessment Report, the Commissioning Lead provides a recommendation regarding the conclusion or extension of the Contract, and provides this to the CEO for consideration and approval.

STEP THREE: NOTIFY PROVIDER OF THE DECISION

The Provider will need to be notified in writing of NCPHN's decision as to whether the initial term of the contract is to be concluded, or the option to extend is to be exercised.

The Commissioning Lead should consider whether a meeting should also be set up with the Provider to discuss the outcome of the Assessment.

NOTES FOR COMMISSIONING LEADS

> Ensure all documentation is uploaded into the CMS e.g. meeting agenda and minutes, pertinent email communication etc.

> File a note on the CRM to record the interaction with the Provider

> Update the Risk Register if required

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Conduct the Contract Performance Assessment 2 months prior to the notification deadline	CL	ETS	Customers / Clients / Subject Matter Experts / Provider	
b) Prepare the final Contract Performance Assessment Report and submit to the CEO for consideration	CL	ETS		
c) Decision on recommendation contained in the final Contract Performance Assessment Report	CEO	CEO	CL / ETS / PMT (if required)	CL / ETS / PMT
d) Notify Provider of the Decision to extend or conclude contract	CL	CL		PMT

RACI MATRIX — CONTRACT PERFORMANCE ASSESSMENT FOR OPTIONAL MULTI-YEAR CONTRACTS

FINAL PROJECT REPORTS

The CMP and the Statement of Works will specify the requirement for the Provider to submit Final Project Reports to demonstrate that they have delivered the Project in accordance with the requirements of the Contract. The type of reports that the Provider will need to submit to NCPHN include:

> Final Project Status Report

> Final Audited Financial Acquittal Report

FINAL PROJECT STATUS REPORT

Final Project Status Reports are required to demonstrate that the Provider has delivered the Project in accordance with the requirements of the Contract. Final Project Status Reports (Appendix F) should be tailored to the particulars of each Contract but should include information regarding the delivery of the:
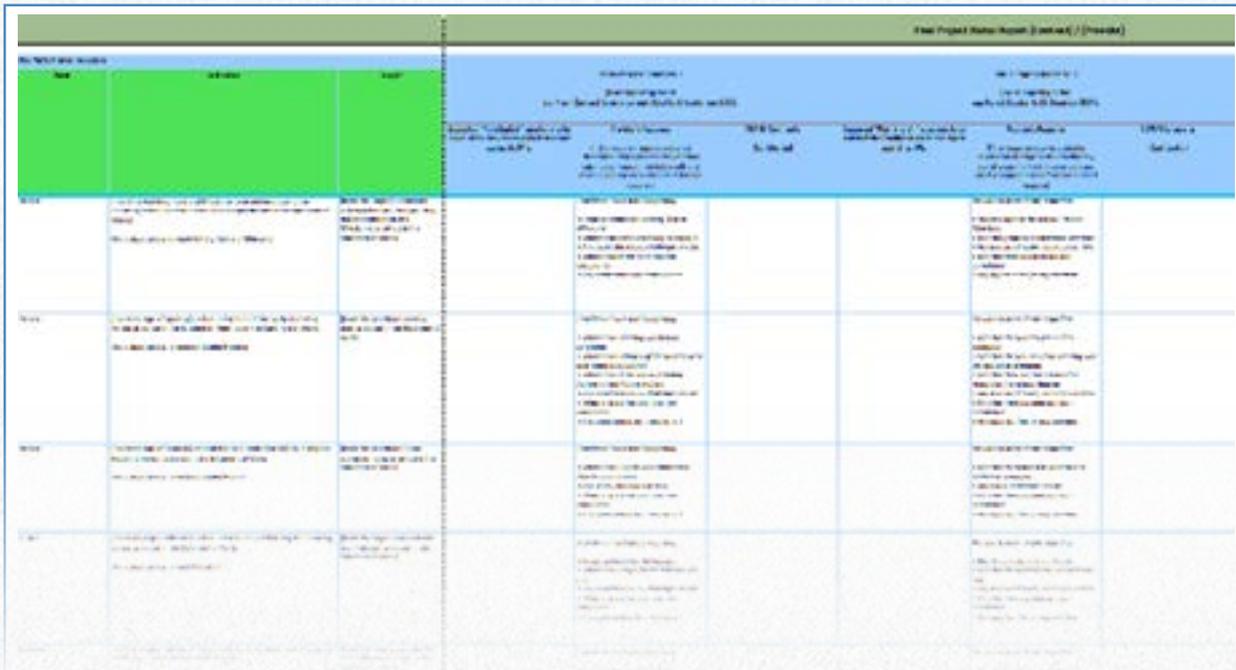
> Activities, tasks and milestones set out in the Services Specification under the Statement of Works (Process KPIs); and

> Output and Outcome KPIs set out in the Statement of Works.

Final Project Status Reports should also include details regarding any:

> Issues, challenges, and emergent and realised risks that may have arisen during the Contract period and an explanation on how the Provider addressed, managed and mitigated same; and

> Opportunities for improvement in the delivery of similar Projects in the future.

The Contract with the Provider may link the acceptance of the adequacy of Final Project Status Reports with a final Contract payment. It is therefore important for the Commissioning Lead ensure Final Project Status Reports are delivered to NCPHN on time and are reviewed for appropriateness. Commissioning Leads should therefore:

i.   Notify the Provider that the Report is due at least twenty (20) Business Days prior to the due date

ii. Upon receipt of the Report, review its content within ten (10) Business Days to ensure that:

> All requisite information has been provided in the Report; and

> The Project has been delivered in accordance with the Process, Output and Outcome KPIs

iii. If the Report is assessed as adequate by the Commissioning Lead, the Provider should be advised accordingly. Where the acceptance of the Report is linked to a final Contract payment under the Contract the Commissioning Lead should notify the Manager of Finance and Management Accounting accordingly

iv. If the Report is assessed as inadequate by the Commissioning Lead the Provider should be advised accordingly in writing and directed to rectify the inadequacies and resubmit the Report with the requisite information to ensure it satisfies the contractual requirements. Where the acceptance of the Report is linked to a final Contract payment under the Contract, the Commissioning Lead should notify the Manager of Finance and Management Accounting of the progress of the rectification of the Report until it is accepted

SCREENSHOT OF THE FINAL PROJECT STATUS REPORT TEMPLATE

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Notify the Provider that the Final Project Status Report is due at least 20 Business Days prior to the due date	CL	CL		
b) Ensure Final Project Status Report is delivered to NCPHN on time	CL	CL		
c) Upon receipt of the Final Project Status Report, review its content within 10 Business Days and assess whether it is adequate	CL	ETS		
d) Advise the Provider in writing if Final Project Status Report is assessed as inadequate	CL	CL		
e) Notify the Manager of Finance and Management Accounting where acceptance of the Final Project Status Report is linked to a payment under the Contract	CL	CL		

RACI MATRIX — FINAL PROJECT STATUS REPORT

FINAL AUDITED FINANCIAL ACQUITTAL REPORT

A Final Audited Financial Acquittal Report is required to demonstrate that the Provider has delivered the Project in accordance with the Project budget, including:

> Activities, tasks and milestones set out in the Services Specification under the Statement of Works (Process KPIs); and

> Output and Outcome KPIs set out in the Statement of Works.

The Contract with the Provider will link the acceptance of the adequacy of Final Audited Financial Acquittal Project Reports with a Contract payment. It is therefore important for the Commissioning Lead ensure Final Audited Financial Acquittal Reports are delivered to NCPHN on time and are referred to the Manager Finance and Management Accounting to review for appropriateness. Commissioning Leads should therefore:

i.   Notify the Provider that the Report is due within twenty (20) Business Days prior to the due date

ii. Upon receipt of the Report, refer it to the Manager Finance and Management Accounting to review its content within ten (10) Business Days to ensure that:

> All requisite information has been provided in the Report;

> The Report has been audited; and

> The Project has been delivered in accordance with the Process, Output and Outcome KPIs.

iii. If the Report is assessed as adequate by the Manager Finance and Management Accounting, the Provider should be advised accordingly

iv. If the Report is assessed as inadequate by the Manager Finance and Management Accounting, the Provider should be advised accordingly in writing and directed to rectify the inadequacies and resubmit the Report with the requisite information to ensure it satisfies the contractual requirements

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Notify the Provider that the Interim Financial Acquittal Report is due at least 20 Business Days prior to the due date	CL	CL		
b) Ensure Final Financial Acquittal Report is delivered to NCPHN on time	CL	CL		
c) Refer Final Financial Acquittal Report to the Manager Finance and Management Accounting immediately after receipt	CL	CL		
d) Manager Finance and Management Accounting to review for appropriateness within 10 Business Days of receipt	Manager of Finance and Management Accounting	Manager of Finance and Management Accounting		CL
e) Advise the Provider in writing if Final Financial Acquittal Report is assessed as inadequate	CL			Manager of Finance and Management Accounting

RACI MATRIX — FINAL AUDITED FINANCIAL ACQUITTAL REPORT

③ MONITORING AND EVALUATION PHASE

ESCALATION PROCESS

ESCALATION PROCESS

OVERVIEW

The Escalation process outlined below helps Commissioning Leads to deal with issues as they present, manage the risks of situations where a Provider or Project may be under-performing, and support performance improvement. As such, this stage is only initiated in exceptional circumstances where some form of remedial action and review is required to improve the performance of a Provider or program. Supporting Providers to succeed as much as possible will be a focus area for Commissioning Leads throughout any situation where remedial action and review is required.

The key objectives of the Escalation process set out in the Manual are to:

1. Provide an escalation methodology to manage under-performing Providers

2. Manage Project risk/issues

3. Support continuous developement of Provider performance and sector capability

A high level illustration of the key processes is presented below:

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┌─────────────────────────────────────┐
│         ESCALATION PROCESS          │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│      Risk or Issue Identification   │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│   Define the Nature of the Risk or Issue │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│   Determine and Plan the Escalation │
│              Approach               │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│   Implement the Escalation Approach │
│   including a Communication Plan    │
└─────────────────────────────────────┘
                  ▼
┌─────────────────────────────────────┐
│       Process for De-Escalation     │
└─────────────────────────────────────┘
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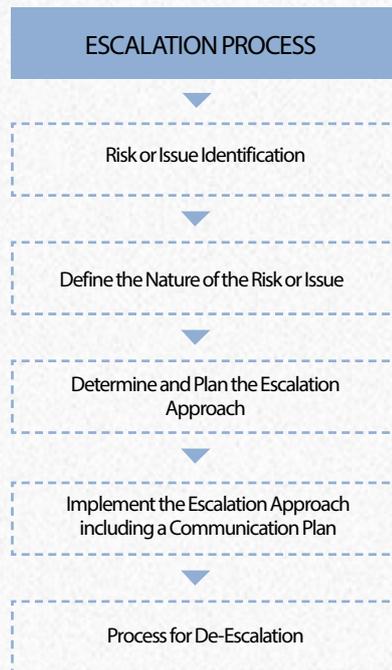
ESCALATION FRAMEWORK

The Escalation Framework aims to support Commissioning Leads determine an appropriate course of action where a performance risk or issue has been identified or reported to NCPHN. Consultation with Subject Matter Experts (like the PMT for a contractual issue, or an NCPHN Clinical Advisor for a safety and quality risk or issue) is a key feature of the Framework so that key internal NCPHN stakeholders are informed and consulted and agree on how best to resolve specific risks and issues. The steps in the Framework are summarised in the figure on page 43.
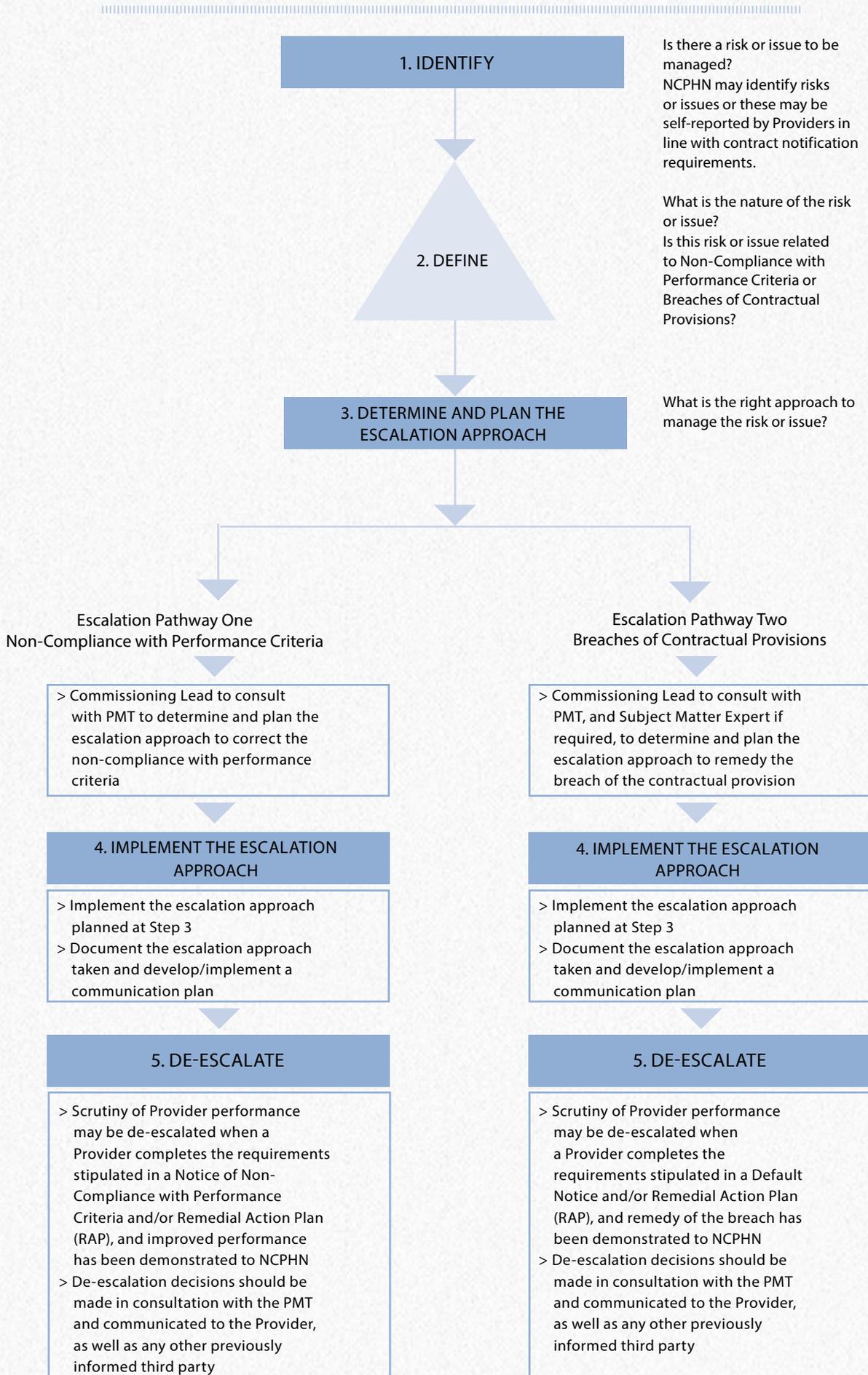
1. IDENTIFY

Is there a risk or issue to be managed?
NCPHN may identify risks or issues or these may be self-reported by Providers in line with contract notification requirements.

2. DEFINE

What is the nature of the risk or issue?
Is this risk or issue related to Non-Compliance with Performance Criteria or Breaches of Contractual Provisions?

3. DETERMINE AND PLAN THE ESCALATION APPROACH

What is the right approach to manage the risk or issue?

Escalation Pathway One
Non-Compliance with Performance Criteria

> Commissioning Lead to consult with PMT to determine and plan the escalation approach to correct the non-compliance with performance criteria

4. IMPLEMENT THE ESCALATION APPROACH

> Implement the escalation approach planned at Step 3
> Document the escalation approach taken and develop/implement a communication plan

5. DE-ESCALATE

> Scrutiny of Provider performance may be de-escalated when a Provider completes the requirements stipulated in a Notice of Non-Compliance with Performance Criteria and/or Remedial Action Plan (RAP), and improved performance has been demonstrated to NCPHN
> De-escalation decisions should be made in consultation with the PMT and communicated to the Provider, as well as any other previously informed third party

Escalation Pathway Two
Breaches of Contractual Provisions

> Commissioning Lead to consult with PMT, and Subject Matter Expert if required, to determine and plan the escalation approach to remedy the breach of the contractual provision

4. IMPLEMENT THE ESCALATION APPROACH

> Implement the escalation approach planned at Step 3
> Document the escalation approach taken and develop/implement a communication plan

5. DE-ESCALATE

> Scrutiny of Provider performance may be de-escalated when a Provider completes the requirements stipulated in a Default Notice and/or Remedial Action Plan (RAP), and remedy of the breach has been demonstrated to NCPHN
> De-escalation decisions should be made in consultation with the PMT and communicated to the Provider, as well as any other previously informed third party

FIGURE: FRAMEWORK FOR ESCALATION

STEP ONE: IDENTIFY RISK OR ISSUE

Risks or issues may be identified during regular performance monitoring and management activities, reported by a patient, or self-reported by a Provider in line with the notification requirements of their Contract.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Identify risk or issue with the Provider's performance	CL / self-reported by Provider	CL		

RACI MATRIX - STEP ONE: IDENTIFY RISK OR ISSUE

STEP TWO: DEFINE THE NATURE OF THE RISK OR ISSUE

Once NCPHN is aware of a potential risk or issue regarding performance of a specific Provider or Project, the nature of the risk or issue needs to be investigated further by Commissioning Leads.

Two pathways exist for managing performance risks or issues depending on whether they are related to Non-compliance with Performance Criteria or Breaches of Contractual Provisions.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Define the nature of the risk or issue	CL	CL	PMT / Subject Matter Expert (if required)	

RACI MATRIX - STEP TWO: DEFINE THE NATURE OF THE RISK OR ISSUE

STEP THREE: DETERMINE & PLAN THE ESCALATION APPROACH

In determining and planning the escalation approach, there are two pathways which can be taken.

The first pathway should be followed where there are issues arising from non-compliance with performance criteria (Process, Output, and Outcome KPIs) set out in the Statement of Works for each Contract.

The second pathway should be followed where there is a breach of contractual provisions.

Commissioning Leads are responsible for determining and planning the escalation approach, in close consultation with the PMT and relevant Subject Matter Experts (depending on the nature of the risk or issue identified).

NOTES FOR COMMISSIONING LEADS

The escalation approaches described below are aligned to the Terms and Conditions of the Contract with the Provider. Accordingly, Commissioning Leads should ensure that any escalation activities closely follow the process in the Manual so that they are consistent with NCPHN's contractual obligations.

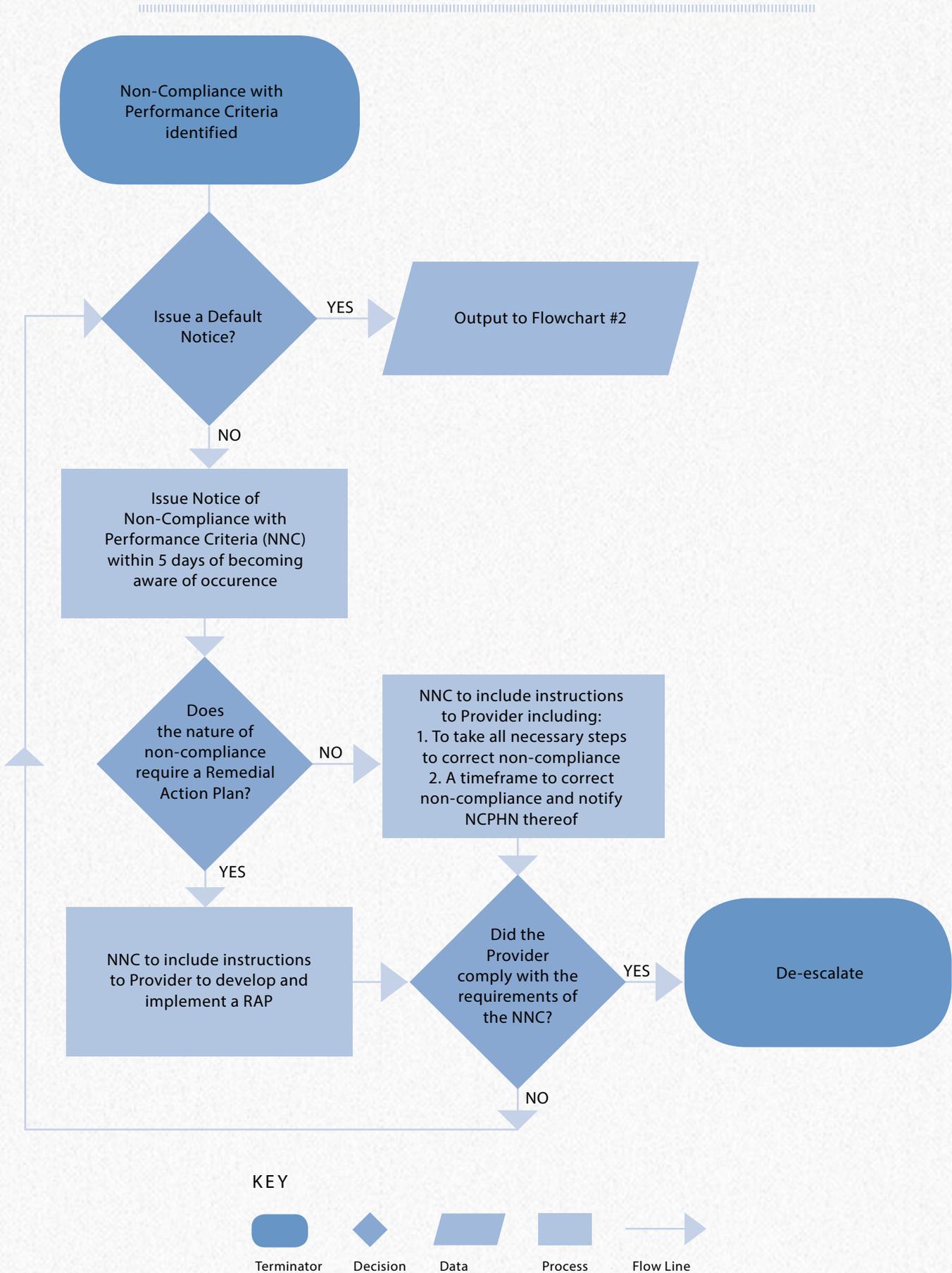## ESCALATION PATHWAY ONE - NON-COMPLIANCE WITH PERFORMANCE CRITERIA

This approach is relevant to issues arising from non-compliance with Performance Criteria (Process, Output, and Outcome KPIs) set out in the Statement of Works for each Contract.

Under NCPHN contracts, all occurrences of non-compliance trigger the need to issue the Provider with a Notice of Non-Compliance with Performance Criteria or, a Default Notice. The Commissioning Lead must consult with the PMT at this point to determine which Notice is most appropriate based on the level of risk posed to NCPHN, and the circumstances surrounding the emergence of the non-compliance. The below information is applicable when a decision is made to issue a Notice of Non-Compliance with Performance Criteria. Where a decision is made to issue a Default Notice, refer to Escalation Pathway Two.

The Notice of Non-Compliance with Performance Criteria will identify the remedies to be implemented to address non-compliance. Depending on the severity of the risk or issue, these remedies may include:

> Instructions, within the Notice itself, to correct the non-compliance; or

> The requirement to develop and implement a Remedial Action Plan (RAP) (Appendix G).

The flow chart below provides guidance on the sequence of escalation remedies available to Commissioning Leads for this escalation pathway. In consultation with the PMT, Commissioning Leads should work through each of the remedy options below until the issue is resolved.

Non-Compliance with Performance Criteria identified

Issue a Default Notice? — YES → Output to Flowchart #2

NO

Issue Notice of Non-Compliance with Performance Criteria (NNC) within 5 days of becoming aware of occurence

Does the nature of non-compliance require a Remedial Action Plan? — NO → NNC to include instructions to Provider including:
1. To take all necessary steps to correct non-compliance
2. A timeframe to correct non-compliance and notify NCPHN thereof

YES

NNC to include instructions to Provider to develop and implement a RAP

Did the Provider comply with the requirements of the NNC? — YES → De-escalate

NO

KEY

Terminator   Decision   Data   Process   Flow Line

FLOWCHART: ESCALATION PATHWAY ONE - SEQUENCE OF ESCALATION REMEDIES

ESCALATION PATHWAY TWO - BREACHES OF CONTRACTUAL PROVISIONS

This approach is relevant to issues arising from breaches of Terms and Conditions of the Contract with the Provider.

Under NCPHN contracts, breaches trigger the need to issue the Provider with either a Default Notice or a Termination Notice. The Commissioning Lead must consult with the PMT at this point to determine which Notice is most appropriate based on whether the breach can be remedied.

The Default Notice will identify the remedies to be implemented to address the breach. Depending on the severity of the breach, these remedies may include:

> Instructions within the Default Notice itself to remedy the breach; or

> The requirement to develop and implement a Remedial Action Plan (RAP) (Appendix G).

The flow chart below provides guidance on the sequence of escalation remedies available to Commissioning Leads for this escalation pathway. In consultation with the PMT, Commissioning Leads should work through each of the remedy options below until the issue is resolved.

Breach of Terms and Conditions of Contract

Input from Flowchart #1

Is the breach capable of remedy?

NO → **Issue a Temination Notice**

YES

Issue Default Notice

Does the nature of the breach require a Remedial Action Plan (RAP)

NO → **Default Notice to include instructions to Provider including:**
1. To take all necessary steps to remedy the breach
2. A timeframe to remedy the breach to and notify NCPHN thereof

YES

Default Notice to include instructions to the Provider to develop and implement a RAP

Did the Provider comply with the requirements of the Notice?

NO →

YES

De-escalate

KEY

◆ Decision   ▱ Data   ▭ Process   → Flow Line
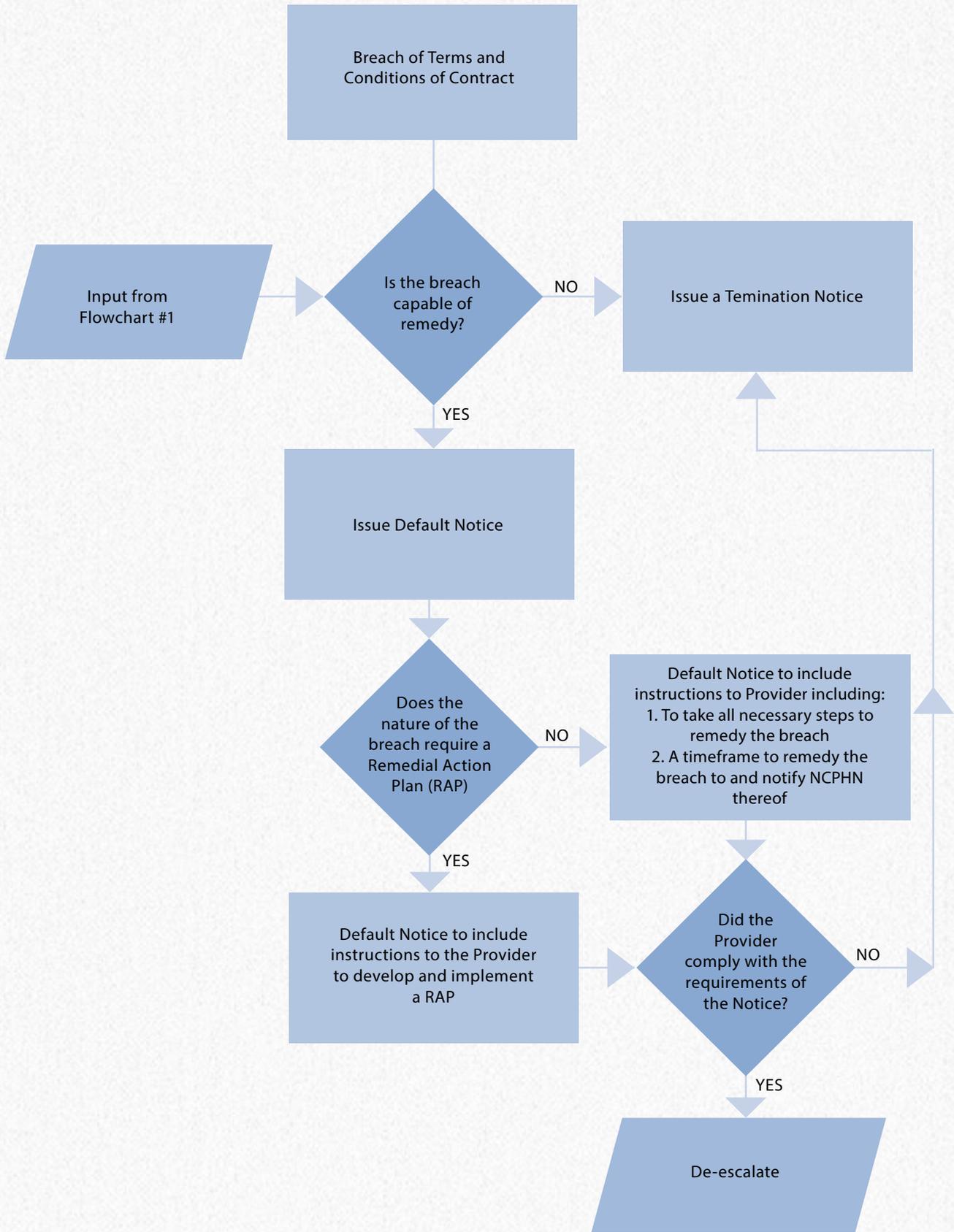
FLOWCHART: ESCALATION PATHWAY TWO - SEQUENCE OF ESCALATION REMEDIES

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Determine which Escalation Pathway to take	CL	CL / ETS / PMT	PMT	

RACI MATRIX - STEP THREE: DETERMINE & PLAN THE ESCALATION APPROACH

STEP FOUR: IMPLEMENT THE ESCALATION APPROACH

Once the Commissioning Lead has an agreed escalation approach the Commissioning Lead is responsible for its implementation.

The key templates/documents which will be used by the Commissioning Lead are:

> Notice of Non-Compliance with Performance Criteria

> Default Notice

> Termination Notice

> Remedial Action Plan (RAP) (Appendix G)

Guidance information on the preparation of these templates/documents is provided below.

Part of this step is to communicate the risk/issue within NCPHN and the Department of Health if necessary.

NOTICE OF NON-COMPLIANCE WITH PERFORMANCE CRITERIA

The Commissioning Lead must draft the Notice of Non-Compliance with Performance Criteria in consultation with the PMT. The Notice must be issued within five (5) Business Days of becoming aware of the non-compliance.

The Notice should detail the non-compliance and the findings/observations that led to its identification. It can be drafted to either:

1. Provide instructions including:

   > A requirement to take all necessary steps to correct the non-compliance

   > The timeframe in which the non-compliance must be corrected and to notify NCPHN thereof

2. Provide instructions to:

   > Develop and submit a RAP to NCPHN for its approval

   > Upon approval of the RAP, implement the remedies identified therein (refer to page 51-52 for details)

The Notice must be approved by the Commissioning Lead's Executive Team Sponsor and the Manager Reporting, Risk and Contracts prior to being issued to the Provider. All Notices must be issued in accordance with the requirements of the Contract.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Draft the Notice of Non-Compliance with Performance Criteria	CL	CL	ETS / PMT	
b) Decision to issue the Notice of Non-Compliance with Performance Criteria	ETS	ETS		CL
c) Issue the Notice of Non-Compliance with Performance Criteria within 5 Business Days of becoming aware of the non-compliance	CL	CL		PMT
d) If required, review the RAP developed and submitted by the Provider	CL	ETS	PMT	
e) Communicate Escalation to appropriate channels	CL	CL / ETS	CEO / PMT / Audit & Risk Management Committee / NCPHN Board	CEO / PMT / Audit & Risk Management Committee / NCPHN Board

RACI MATRIX - NOTICE OF NON-COMPLIANCE WITH PERFORMANCE CRITERIA

DEFAULT NOTICE

The Commissioning Lead must draft the Default Notice in consultation with the PMT. The Notice should detail the breach of contract provision(s) and the findings/observations that led to its identification. It can be drafted to either:

1. Provide instructions including:

   > A requirement to take all necessary steps to remedy the breach

   > The timeframe in which the breach must be remedied and to notify NCPHN thereof

2. Provide instructions to:

   > Develop and submit a RAP to NCPHN for its approval

   > Upon approval of the RAP, implement the remedies identified therein (refer to page 51-52 for details)

The Notice must be approved by the Commissioning Lead's Executive Team Sponsor and the Manager Reporting, Risk and Contracts prior to being issued to the Provider. All Notices must be issued in accordance with the requirements of the Contract.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Draft the Default Notice	CL	CL	ETS / PMT	
b) Decision to issue Default Notice	ETS	ETS		CL
c) Issue the Default Notice	CL	CL		PMT
d) If required, review the RAP developed and submitted by the Provider	CL	ETS	PMT	
e) Communicate Escalation to appropriate channels	CL	CL / ETS	CEO / PMT / Audit & Risk Management Committee / NCPHN Board	CEO / PMT / Audit & Risk Management Committee / NCPHN Board

RACI MATRIX - DEFAULT NOTICE

TERMINATION NOTICE

A Termination Notice is to be used a last resort and only in extenuating circumstances. If there is a trigger to issue a Termination Notice, the Commissioning Lead must consult with the PMT.

Approval to issue a Termination Notice can only be given by the CEO.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Draft the Termination Notice	CL	CL	ETS / PMT / CEO	
b) Decision to issue Termination Notice	CEO	CEO	CL/ETS / PMT (if required)	CL/ETS / PMT
c) Issue the Termination Notice	CL	CL		PMT
d) Communicate Escalation to appropriate channels	CL	CL/ETS	CEO / PMT / Audit & Risk Management Committee / NCPHN Board	CEO / PMT / Audit & Risk Management Committee / NCPHN Board

RACI MATRIX - TERMINATION NOTICE

REMEDIAL ACTION PLAN (RAP)

A RAP (Appendix G) is a detailed plan to remedy performance. It includes:

> A root cause analysis of the issue/risk to be completed by the Provider

> Recommended Plan to remedy the issue/risk to be completed by the Provider

> NCPHN's response to the recommendation, including any required amendments

RAPs are developed by Providers, and approved by NCPHN, to formally document what needs to be done to remedy an issue or risk following identification. During the formulation of a RAP, the onus of responsibility is on the Provider to articulate what steps they will take to improve performance and the expected timeframe for improvement. Commissioning Leads (potentially in consultation with the stakeholders e.g. PMT, Clinical Advisor etc. who have previously been engaged within NCPHN on the specific risk or issue) should then determine whether the suggested improvement steps are sufficient and what increased monitoring and evaluation is required before finalising the RAP.

The RAP should also clearly set out what the next steps are if performance does not improve.

SCREENSHOT OF THE REMEDIAL ACTION PLAN TEMPLATE

REMEDIAL ACTION PLAN TEMPLATE FEATURES

> Details regarding the issue including supporting evidence, and the nature of the non-compliance or breach

> Root Cause Analysis

> Provider-generated recommendations to resolve the issue and remediate performance issues

> NCPHN assessment of suitability of the Provider's suggested remediation actions and documentation of what escalation process will be applied

> Concise and clear remedial action steps including actions owner, due date and methods to monitor remediation

> Outline of next possible escalation steps if performance is not improved through completion of the RAP

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Develop RAP	Provider	Provider	CL / PMT	
b) Approve RAP	CL	ETS	PMT / Subject Matter Expert (if required)	Provider
c) Implement RAP	Provider	Provider	CL / ETS	

RACI MATRIX — REMEDIAL ACTION PLAN

COMMUNICATION/NOTIFICATION OF ESCALATION

Once an escalation approach has been designed/implemented, it may need to be communicated in the following manner:

> Risk Register updates – Risks or issues should be recorded in the relevant NCPHN Risk Register and updated as the risk or issue is resolved

> Audit & Risk Management Committee reporting – Risks or issues of significant severity should be first reported to the Audit & Risk Management Committee before being reported to the NCPHN Board

> Department of Health reporting – Significant risks or issues satisfying the Department's conditions for notification should be escalated to the Department of Health. Refer to diagram below from Department of Health[3]. Commissioning Leads should consult with the CEO to determine whether a risk or issue is required to be reported to the Department of Health outside the usual scope of reporting requirements.
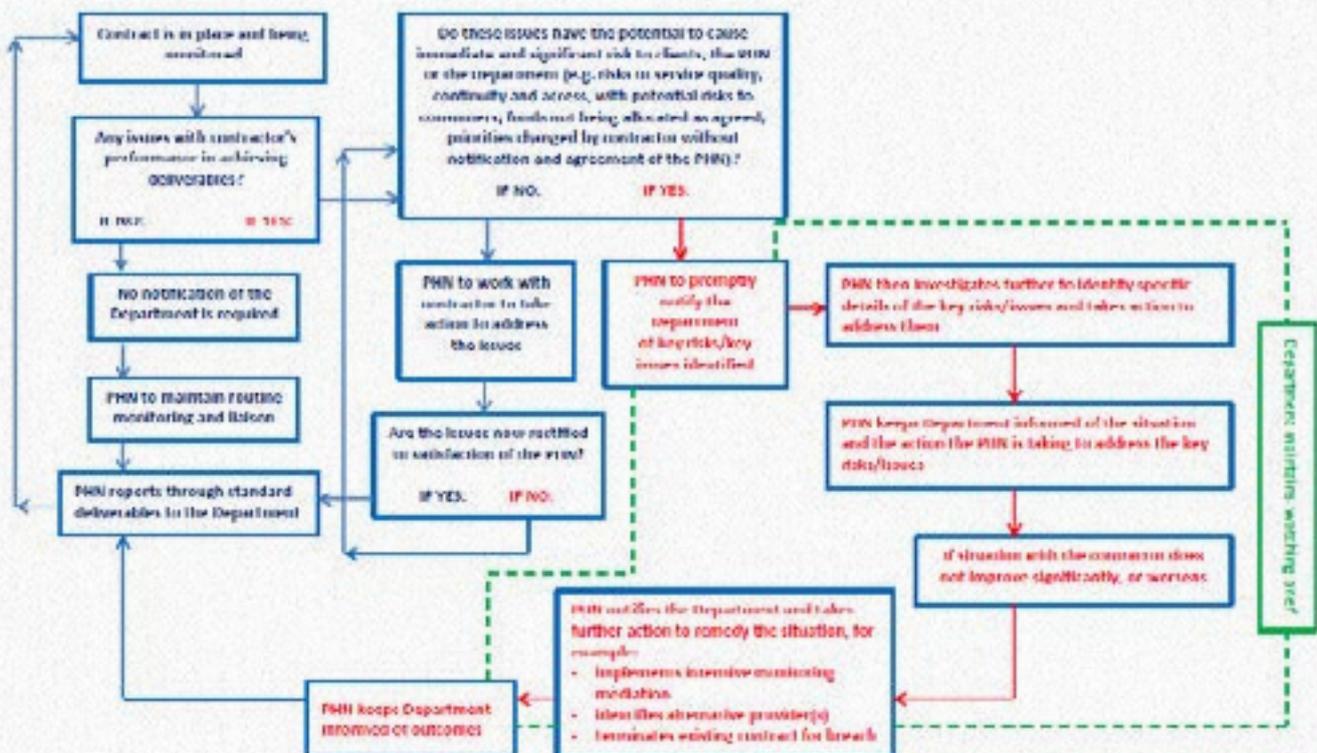
STEP FIVE: PROCESS FOR DE-ESCALATION

Scrutiny of Provider performance may be de-escalated when a Provider complies with the requirements stipulated in a Notice of Non-Compliance with Performance Criteria, or a Default Notice.

De-escalation decisions should be made in consultation with the PMT and communicated to the Provider.

The Audit & Risk Management Committee and/or the Department of Health who have been previously informed that a Provider is on an escalation pathway should then be promptly informed of the de-escalation process and the reasons this has been triggered.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Determine if/when Provider performance can be de-escalated	CL	ETS	PMT	
b) Communicate de-escalation to appropriate channels	CL	CL / ETS	CEO / PMT / Audit & Risk Management Committee / NCPHN Board	CEO / PMT / Audit & Risk Management Committee / NCPHN Board

RACI MATRIX - STEP FIVE: PROCESS FOR DE-ESCALATION

③ MONITORING AND EVALUATION PHASE

B ASSESS AND EVALUATE

(B) ASSESS AND EVALUATE

OVERVIEW

The purpose of this stage is to assess and evaluate the performance of Providers and the delivery of program outputs and outcomes. Key findings, lessons learned and opportunities for improvement for future contracts are also captured during this stage. Three types of assessment and evaluation are introduced in this stage with a focus on end of contract performance assessment and an end of program evaluation. Details of the different types of formal contract assessment and evaluation is tabled on the next page.

The key objectives of the assess and evaluate stage are to:

1. Measure and assess Provider and contract performance and capture key findings, learning and expectations for future contracts

2. Evaluate program outcome

3. Applying the knowledge gained through assessment and evaluation to inform and improve future commissioning cycles

A high level illustration of the key processes is presented below:

```
        (B)  ASSESS AND EVALUATE
                   ▼
        Undertake End of Contract
        Performance Assessment
                   ▼
        Undertake Program Evaluation
                   ▼
        Develop Next Commissioning Steps
```

TYPES OF ASSESSMENT AND EVALUATION APPROACHES

NCPHN will draw on three types of assessment and evaluation approaches to measure the performance of the commissioning process, Providers and the delivery of a program's outcomes. End of Contract Performance Assessment and the End of Program Evaluation will be the standard assessment and evaluation approaches employed and delivered by NCPHN, however, some programs may require a more in-depth evaluation which would entail a more rigorous approach (for example, subject of a tertiary-research project).

See below for a brief overview of each of the three types of assessment and evaluation approaches:

EVALUATION METHOD	DESCRIPTION	TIMING
End of Contract Performance Assessment	Assessment of the performance of the Provider in delivering against the objectives and KPIs of the Contract, as well as of the effectiveness of the NCPHN commissioning process. The focus of this assessment will be on measuring the performance of the Provider against Process, Output and Outcome KPIs. This should also include: > Challenges and concerns in working with the Provider for this service > Lessons learned and opportunities for improvement that can be applied with other Providers or services The result of the assessment will be documented in an End of Contract Performance Assessment Report. An abridged version of the End of Contract Performance Assessment Report is shared with the Provider.	> Usually performed at the end of a contract term (following receipt of Final Project Status Report – refer to page 37) > There may be circumstances where the Assessment needs to be undertaken prior to the end of the contract, for example, when the result of the Assessment needs to feed in to the Planning and Design phase of the next commissioning cycle

| EVALUATION METHOD	DESCRIPTION	TIMING
End of Program Evaluation (Standard)	Examination of the efficiency and effectiveness of programs delivering in key areas for NCPHN e.g. mental health, drug and alcohol rehabilitation. Key evaluation questions may include: > What Outcomes were expected from this program? > How was allocated funding expended and did this funding go to the intended areas? > What was the variability in service costs between Providers and what caused these trends? > What Outputs were delivered from this program and what was the variability between Providers? > What Outcomes were supported / achieved from this program and did the delivered outcomes align to the prioritised areas of needs? > From measuring outcomes and impacts, were there any unintended consequences?	> Usually performed at the completion of a program
End of Program Evaluation (In-Depth)	Formal research conducted to examine the population impacts of high priority programs over multi-year periods. This type of evaluation is likely to require a specialised skill set that would ordinarily be conducted by Higher Education Institutions, particularly by PHD students. These types of evaluations would typically be performed for some of the major areas of needs where services have been designed and implemented. This type of research is likely to be subject to ethics approvals. Key evaluation questions may include: > What population health outcomes were expected from this program? > What outcomes were delivered from this program? > What impact has this program had on the population? > How does North Coast population health data compare to data from other third parties? E.g. may include data from other Government Agencies, nationally and internationally.	> Usually performed at the completion of a program that has been implemented for multiple years (at least 2 years)

STEP ONE: UNDERTAKE END OF CONTRACT PERFORMANCE ASSESSMENT

For the End of Contract Performance Assessment, Commissioning Leads examine all the information gathered during monitoring activities to assess how effective a Provider has been in delivering against their contract objectives. Whist the focus of End of Contract Performance Assessments will be the performance of individual Providers, the information gathered will be used to inform End of Program Evaluation and the next commissioning cycle.

The data and information used for End of Contract Performance Assessments will have been collected during the various monitoring and management performance activities. The Assessment should ordinarily include the data and information received from the Final Project Status Report and Final Audited Financial Acquittal Report. However, there may be circumstances where the Assessment needs to be undertaken prior to the end of the contract, for example, when the result of the Assessment needs to feed in to the Planning and Design phase of the next commissioning cycle.

Benchmarking across multiple Providers delivering a program may also be performed provided there is a sufficient sample size of Providers. Comparison between the Provider whose contract is being assessed versus the other Providers should be presented through representation of the average for the result. Below is a checklist for preparing an End of Contract Performance Assessment.

TASK	CHECKLIST FOR UNDERTAKING AN END OF CONTRACT PERFORMANCE ASSESSMENT	SUPPORTING TOOLS
	Review Project Status Reports, Financial Acquittal Reports, documented meetings notes and other file notes documenting interactions with the Provider, received during the Monitor and Manage Performance stage to quantitatively and qualitatively assess Provider performance during the term of the Contract	
	Review any Notices, RAPs etc. issued as part of an Escalation process	
	Review Final Project Report and Final Audited Financial Acquittal Report, depending on availability at the time of the assessment	
	Draft the End of Contract Performance Assessment Report including key findings and recommendations relating to: > Provider performance against Process, Output and Outcome KPIs across the life of the Contract > Benchmarking of Provider performance across the program > Things that have worked well, challenges and constraints	End of Contract Performance Assessment Report Template (Appendix H)
	Refer draft End of Contract Performance Assessment Report to relevant internal NCPHN staff for peer review (optional). Update the Report with any feedback as necessary	
	Obtain approval of final End of Contract Performance Assessment Report from Executive Team Sponsor	
	Provide CEO with final End of Contract Performance Assessment Report for information	
	Provide a concise version of the End of Contract Performance Assessment Report to the Provider if and as required as a feedback mechanism for capacity building	
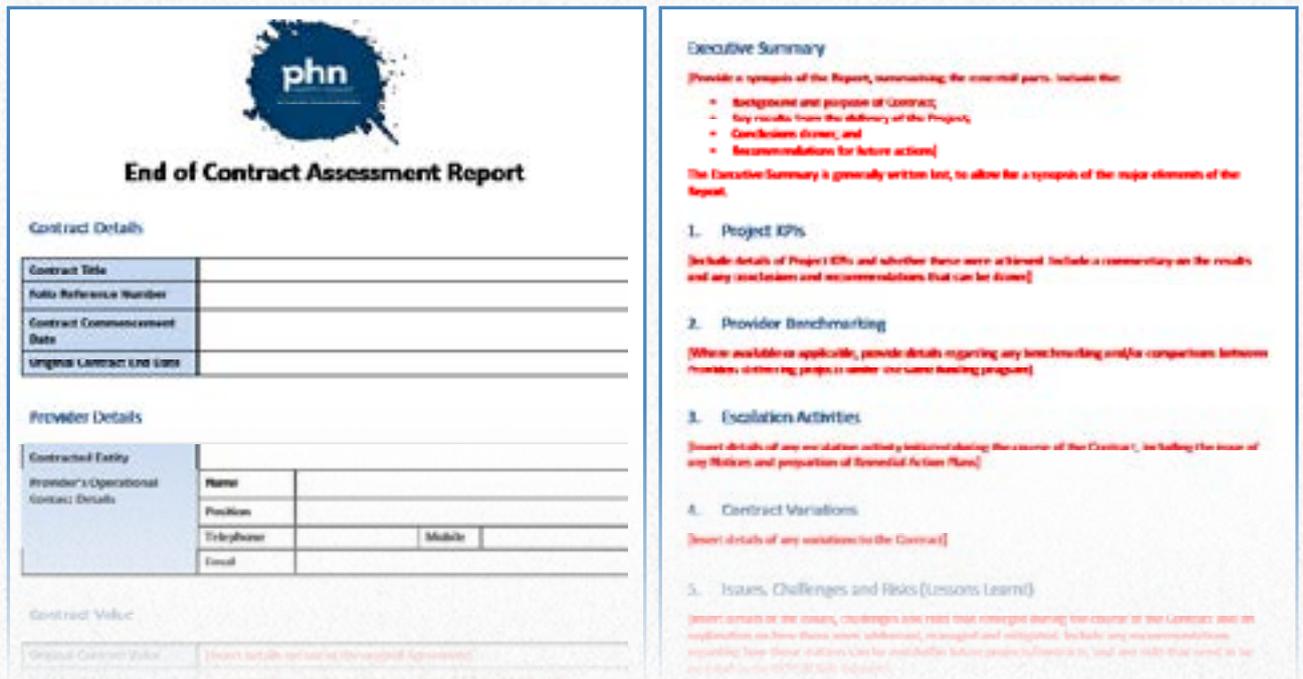
SCREENSHOT OF THE END OF CONTRACT
ASSESSMENT REPORT TEMPLATE

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Draft End of Contract Performance Assessment Report	CL	CL	C&PC	
b) Refer draft End of Contract Performance Assessment Report to relevant internal NCPHN staff for peer review and suggested changes	CL	CL	Relevant NCPHN staff / PMT	
c) Obtain approval of final End of Contract Performance Assessment Report from Executive Team Sponsor	CL	CL		
d) Decision to approve final End of Contract Performance Assessment Report	ETS	ETS		CL
e) Provide CEO with final End of Contract Performance Assessment Report for information	CL	CL		PMT / C&PC
f) Provide a concise version of the final End of Contract Performance Assessment Report to the Provider, if required	CL	ETS		PMT

RACI MATRIX - STEP ONE: UNDERTAKE END OF CONTRACT PERFORMANCE ASSESSMENT

STEP TWO: UNDERTAKE PROGRAM EVALUATION

Evaluation activities are focused on forming an aggregated view as to what extent all Providers delivering a service have performed and whether the outputs and outcomes have been effectively and efficiently met. This step will focus on the Standard End of Program Evaluation, rather than an In-Depth End of Program Evaluation which is deemed out of scope for this Manual.

Evaluations should be undertaken by using the End of Program Evaluation Plan and end with a comprehensive End of Program Evaluation Report.

END OF PROGRAM EVALUATION PLAN

The End of Program Evaluation Plan uses the program logic as a starting point to guide the evaluation and outlines how it plans to test specific aspects of the program. This includes defining the data required (or available), collection methods, treatment of data (collection and analysis), relationships of data to evaluation questions and ethical treatment of participants and their information.

Commissioning Leads can use the checklist below when preparing an End of Program Evaluation Plan to:

1. Clearly define the program being evaluated

2. Define what the evaluation is seeking to discover

3. Define how the evaluation will answer the key questions

TASK	CHECKLIST FOR PREPARING AN END OF PROGRAM EVALUATION PLAN	GUIDANCE REFERENCE
	A. Complete evaluation introduction > Context of the evaluation > Brief program description	Page 61
	B. Define program logic > Program logic overview > Inputs, outputs, outcomes and impacts	Page 61
	C. Identify key stakeholders > Key stakeholders affected by the program and/or evaluation > Description of stakeholder interest in the program and / or evaluation > Engagement methods and key messages for each stakeholder group	Page 61
	D. Define evaluation questions > Key evaluation questions > Detailed sub-questions	Page 62
	E. Define data collection strategy > Quantitative methods to be used > Qualitative methods to be used > Collection methods by participant group > Data sources mapped to evaluation questions	Page 62-63
	F. Address ethical considerations > Ethical considerations > Planned approach to ethics application	Page 63

Each component of the End of Program Evaluation Plan is explained in more detail below:

A)   EVALUATION INTRODUCTION

Document the context of the evaluation and provide a brief program description. This will not only assist with preparing the program logic document but will also help in discussions with key stakeholders throughout the evaluation process.

B)   PROGRAM LOGIC

Whilst many health programs will be well progressed, in terms of model design, and may even be already implemented before consideration is given to the evaluation, it is good practice to review and document the program logic in the End of Program Evaluation Plan. This allows an opportunity to consider whether each of the intended outcomes and impacts are actually linked to the activities that are included in the program. Commissioning Leads can use the Program Logic Template (Appendix I) to assist with this section of the End of Program Evaluation Plan.

SCREENSHOT OF THE PROGRAM LOGIC TEMPLATE

KEY FEATURES OF PROGRAM LOGIC

> Description of what the program is expected to achieve and how.

> Defining if the program simple, complex, complicated or a mix?

> Understanding what is important to know about the program's inputs, activities, outputs and intended outcomes?

C)   IDENTIFY KEY STAKEHOLDERS

Identifying the stakeholders primarily affected by the program and/or evaluation provides the basis for stakeholder engagement throughout the evaluation process. Understanding the interests each stakeholder group has in the program and/or evaluation will help to develop appropriate engagement methods and key messages for each stakeholder group. One of the key stakeholder groups involved in evaluation activities should be an informed consumer group to understand whether the program has delivered on its objectives from a patient perspective.

D)   DEFINE EVALUATION QUESTIONS

The scope of the evaluation is defined through evaluation questions which articulate the key items regarding the program's inputs, activities, outputs and intended outcomes that will be investigated through the evaluation process. Detailed sub-questions help to further guide investigation.

E)   DATA COLLECTION STRATEGY

It is often helpful to include a table in the End of Program Evaluation Plan which lists each of the evaluation participant groups (for example: consumers; clinicians; ward clerks, etc.) and then summarises the data collection approach that applies to each. This table helps in the future planning phases of an evaluation as it quickly communicates which participants will be interviewed or receive an online survey, for example. A sample data collection plan is shown below. The Data Collection Plan Template is at Appendix J.

Evaluation method	Use the columns across the page to list the different types of data collection methods to be used during the evaluation. Consider the following examples: - Existing feedback surveys - Evaluation online surveys - Semi-structured interviews and / or focus groups - Activity data and reports			
Use this column to list all the stakeholder groups that should be consulted with during the evaluation process. Consider: - Customers - Community groups - Providers - Professional bodies and unions - Department of Health	Detail the specific data that will be collected for each evaluation method and from each stakeholder group. Consider the following examples: - Feedback forms - Demographics - Views, experiences and observations - Patient satisfaction surveys - Financial reports - HR reports - Safety reporting			

SCREENSHOT OF THE DATA COLLECTION PLAN TEMPLATE

Mapping the data sources to the evaluation questions allows the evaluators to confirm that each of the evaluation questions (and sub-questions) can be answered using available data sources. A sample data collection map is shown below and is at Appendix K.

Evaluation measures / questions		Data required	Sources
Use this space to define the evaluation question being answered. Use one data collection mapping template per evaluation question.			
In each row define the value driver being evaluated. E.g. training, recruitment and retention, service delivery quality	Define the desired outcomes related to each value driver in the first column. E.g. Were enough health professionals recruited to deliver the scope of services? Were enough resources allocated?	Define what data needs to be analysed to evaluate whether the outcomes were achieved. The data requirements should already have been defined in the Data Collection Plan.	Define how this data will be collected. This should also have already been defined in the Data Collection Plan.

SCREENSHOT OF THE DATA COLLECTION MAPPING TEMPLATE

F) ETHICAL CONSIDERATIONS

The ethics of the evaluation need to be considered so that a planned approach to addressing these can then be developed before starting any evaluation activities.

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Prepare End of Program Evaluation Plan	CL	ETS	C&PC / Subject Matter Expert	

RACI MATRIX — END OF PROGRAM EVALUATION PLAN

END OF PROGRAM EVALUATION REPORT

The checklist below sets out the key tasks that need to be performed to complete the End of Program Evaluation Report.

TASK	CHECKLIST FOR PREPARING AN END OF PROGRAM EVALUATION REPORT	SUPPORTING TOOLS
	Use End of Program Evaluation Plan including: A) Introduction B) Program Logic C) Key Stakeholders D) Evaluation Questions E) Data Collection Strategy F) Ethical Considerations	> Program Logic Template (Appendix I) > Data Collection Plan Template (Appendix J) > Data Collection Mapping Template (Appendix K)
	Implement the Data Collection Strategy and analyse and interpret the findings	
	Draft findings and recommendations relating to: > Inputs – What resources were allocated to program? > Activities – Were the allocated resources consumed? What worked well, what did not work well, enablers for effectiveness, barriers to effectiveness, scalability. > Outputs – What program outputs were delivered? Were program KPIs achieved? > Outcomes – What program outcomes were achieved? Were the objectives of the program achieved? What needs to be in place to maintain and extend the benefits of this program overall? > Future planning and co-design activities, across a specific program.	> End of Program Evaluation Report Template (to be developed by Commissioning Lead)
	Refer draft End of Program Evaluation Report to relevant internal NCPHN staff for peer review (optional). Update the Report with any feedback as necessary.	
	Obtain approval of End of Program Evaluation Report from Executive Team Sponsor	
	Share key findings and recommendations with the Executive team as appropriate (potentially via a presentation or Briefing Note with draft End of Program Evaluation Report attached for information)	> Executive Briefing Note

TASK	RESPONSIBLE	ACCOUNTABLE	CONSULTED	INFORMED
a) Draft End of Program Evaluation Report	CL	CL	ETS / C&PC / Subject Matter Expert	
b) Refer draft End of Program Evaluation Report to relevant internal NCPHN staff for peer review and suggested changes	CL	CL	Relevant NCPHN staff	PMT
c) Obtain approval of final End of Program Evaluation Report from Executive Team Sponsor	CL	CL		
d) Decision to approve final End of Program Evaluation Report	ETS	ETS		CL
e) Share key findings and recommendations with the Executive Team as appropriate	CL	CL		PMT / C&PC

RACI MATRIX — END OF PROGRAM EVALUATION REPORT

STEP THREE: DEVELOP NEXT COMMISSIONING STEPS

Once evaluation activities are complete, Commissioning Leads should use the information gathered through this process to determine what next steps should be taken.

This process will require consultation with a broad number of stakeholders within NCPHN which the Commissioning Lead will need to coordinate. These may include, but not limited to:

> The Procurement Management Team – for contract specific issues

> Finance – for funding purposes

> Clinical Advisors – to confirm that there are no clinical issues that would warrant a cessation to a service

> Executive – for sponsorship, input, or final approval

FOOTNOTES

FOOTNOTE #	REFERENCE
1	Australian Government Department of Health PHN Needs Assessment Guide (2015)
2	Institute for Healthcare Improvement, Triple Aim – The best healthcare for the whole population at the lowest cost, https://www.ihi.org
3	Australian Government Department of Health 'A Guide to Managing Contracts with Commissioned Organisations', May 2017