NHS
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NHS Foundation Trust

Performance Management Framework

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Version	Date	Author	Reason
V1		Director of Finance	Origination of document
V2	September 2012	Assistant Director of Governance, Safety and Compliance	Update to framework following governance review
V3	October 2014	Associate Director of Performance & Planning	Revision to take account of the reconfiguration of the Trust's operational divisions
V4	July 2015	Director of Performance & Planning	Revisions to take account of the changes in performance management meetings and other factors
V5	March 2016	Director of Performance & Planning	Revisions to take account of the changes in performance management meetings and other factors. Performance Review Meetings now meet monthly. Operational Performance Meeting now removed as superseded. Titles updated.
V6	March 2017	Director of Strategy and Transformation	Annual refresh.
V7	March 2017	Director of Strategy and Transformation	Reissue of version 6 with correction to paragraph 6.4.
V8	March 2018	Director of Strategy and Transformation	Annual refresh for 2018/19.
V9	April 2018	Director of Transformation	Final version, incorporating job title changes and final comments by the Board of Directors.
V10	May 2019	Director of Transformation & Workforce	Revised to account for changes in the divisions, titles and clarity regarding accountability.

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1. Introduction

1.1 Background

In order for the Trust to be assured that its performance management processes are effective and that it can demonstrate full and comprehensive implementation of its strategic and operational plans, a standard Performance Management Framework is required.

1.2 Trust values

This Performance Management Framework (PMF) conforms to the Trust's values. It incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred (Appendix A).

1.3 Distribution control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust's Intranet.

1.4 Endorsement

Endorsement will be through the Executive Team and Finance and Performance Committee, with final approval by the Board of Directors.

1.5 Associated policies and strategies

A number of policies and strategies are associated with the Performance Management Framework including:

- Data Quality Policy
- Information Governance Policy
- Quality Improvement Strategy

2. Strategic Aims

Implementing this Performance Management Framework will support achievement of all of the Trusts strategic ambitions and objectives.

3. Performance Management Framework

3.1 Key elements of a performance framework

Industry best practice shows that in order to ensure an organisation assesses its performance across all aspects of its business, it is vital that different perspectives are incorporated into a Performance Management Framework and an integrated and

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comprehensive view of the organisational performance is embedded across the Trust. To enable this approach the integration of performance information is essential and should include but not be limited to the following:

- Performance information – patient activity and process efficiency information;
- Strategic Direction – key strategic objectives;
- Organisational capability - capacity plans for both activity and staffing, benchmarking and comparative data where relevant;
- Finance – annual cost and income budget plans and other divisional financial information;
- Productivity and efficiency programmes and measures such as those highlighted within the Carter review, Model Hospital, RightCare and GIRFT;
- Quality information – patient safety, clinical effectiveness, mortality measures, patient experience and compliments and complaints;
- Human resources information – staff engagement, absence data, turnover and vacancies;
- Governance and risk information – clinical audit, NICE compliance, serious incidents/never events, risk registers and the Board Assurance Framework (BAF);
- Compliance information – regulatory bodies and other bodies to whom the Trust must have due regard will inform a compliance framework and be used to provide assurance to the Board of Directors;
- Commissioning information – compliance with commissioning policies and thresholds;
- Transformation information – progress with agreed transformation projects;
- Service Development Plans (SDPs) – progress with the review of SDPs within each operational division;
- Any issues escalated from Transformation Board; and
- Any issues escalated from the executive committees which report into the Safety & Quality Governance Committee.

3.2   Objective of the framework

The objective of this framework is to ensure that information is available which enables the Board of Directors and other key personnel to understand, monitor and assess the Trust's quality and performance, enabling appropriate action to be taken when performance against set targets deteriorates. Information must be timely, accurate and complete and follow the principles set out in the Trust's Information Governance and Data Quality Policies.

4. Roles and responsibilities

4.1   Board of Directors

The Board of Directors has overall responsibility for the implementation of the Performance Management Framework. The Board is required to ensure that the Trust remains at all times compliant with its Provider Licence and has regard to the NHS Constitution.

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The Trust's Provider Licence states at condition FT4 – *NHS foundation trust governance arrangements* – that The Board of Directors is required to self-certify that:

> *The Board is satisfied that the systems and/or processes referred to [in paragraph 4] should include but not be restricted to systems and/or processes to ensure:*
>
> *(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;*
> *(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;*
> *(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;*
> *(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;*
> *(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and*
> *(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.*

This Performance Management Framework provides evidence to support the Board of Directors in receiving these assurances.

The Board of Directors provides leadership and direction to the organisation and will receive regular reports assuring them of the quality and performance of services.

This Performance Management Framework will form part of the assurance to the Board of Directors in regards to achieving the performance objectives as detailed in the Board Assurance Framework.

4.2   Chief Executive

The Chief Executive is responsible for the management of the organisation including ensuring that financial, quality of service and constitutional responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.

4.3   Executive Team

The Director of Transformation & Workforce is the lead Director for establishing performance management processes, supported by the Director of Nursing and Medical Director in relation to clinical and quality matters and the Director of Finance regarding financial matters. The Director of Transformation & Workforce is the named Director with responsibility for establishing and managing the Performance Management Framework.

The Chief Operating Officer is accountable for the overall delivery of operational performance of all patient facing services in the Trust.

The Information Services Department under the management of the Head of Performance & Informatics has responsibility for providing the data and management information both within the Trust and to appropriate external parties.

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The Executive Team will review the performance of the Divisional Boards at the Divisional Performance Meetings.

4.4   Hospital Management Board

The Hospital Management Board (HMB) of the Trust will receive information in relation to performance against key performance indicators on a monthly basis.

4.5   Divisional Boards

Divisional Boards are accountable for delivering performance targets within their respective divisions through the senior divisional management teams, comprising of the following individual roles:

- Associate Medical Directors
- Divisional Operations Director
- Lead Nurse
- Head of Midwifery (Division of Surgery and Women's & Children's Services only)
- Head of Emergency Care (Division of Medicine & Diagnostics only)

To ensure the efficient operation of the Performance Management Framework, Divisional Boards will need to ensure suitable time is available for the review of performance information and the preparation for the Performance Review Meeting. Figure 1 illustrates the suggested scope, structure and information flow to include in a Divisional Board to ensure the relevant aspects of the Performance Management Framework can be accommodated.

Figure 1: Suggested scope and content for a Divisional Board

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Divisional Boards will also ensure that the requirements of the performance framework and the associated key performance indicators are communicated throughout their divisions via key staff including Specialty Leads, Divisional Operational Managers, Matrons, Heads of Department and Ward Managers.

4.6   Commissioners

The Performance Management Report, as presented to the public Board of Directors meeting, is discussed with the Clinical Commissioning Group (CCG) at the formal contract meetings each month. The CCG provides external scrutiny and challenge on the content of the report thereby providing a degree of external assurance.

4.7   Service users

Members of the public and Governors are welcome to attend the public Board of Directors' meetings held in public. The Performance Management Report is discussed at these meetings and is available via the Trust's website.
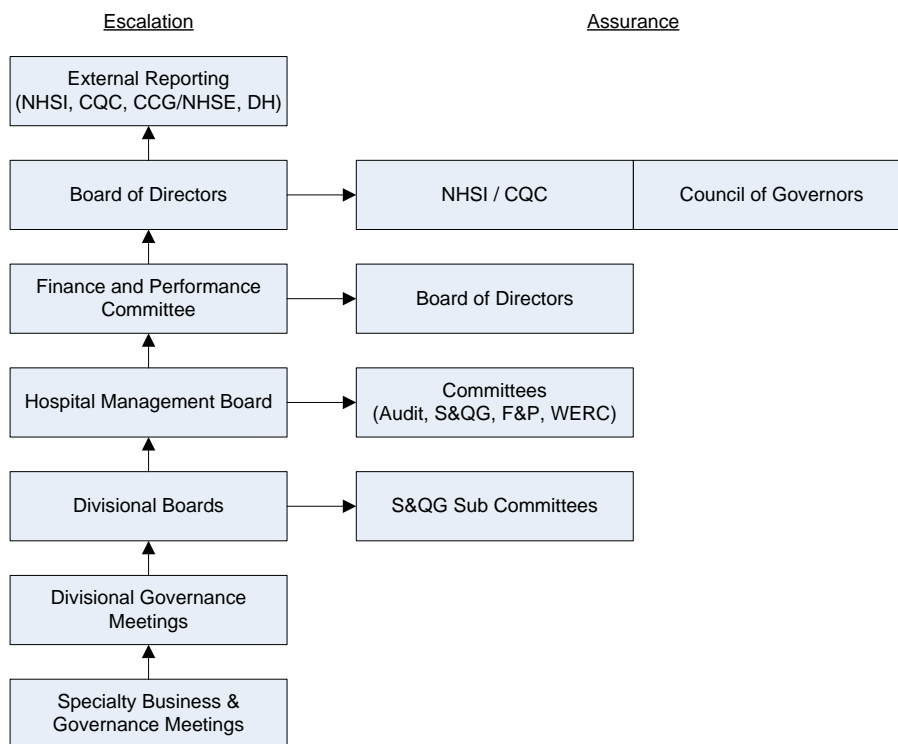
5. Reporting

5.1   Key performance indicators

The set of key performance indicators (KPIs) which comprise the Performance Management Framework will be reviewed and set each year to take account of changes in local, contractual and regulatory requirements. These KPIs will be determined within the Performance Management Framework process and may change from time to time, rather than being defined in this strategy document, and will be reflected in various reports incorporated within the framework. This is to ensure that the KPI list is flexible and will adapt to local, contractual and regulatory needs as they arise. KPIs will be drawn from a variety of sources and will cover a wide range of themes as defined in section *3.1 Key elements of a performance framework*.

Where national guidance exists the metrics will be constructed according to this guidance to allow for benchmarking. Where this is not available, the metrics will be defined locally in discussion with senior managers and clinicians as required.

6. Escalation and assurance structure

Figure 2 illustrates the escalation and assurance structure and shows how the Divisional Board is accountable for performance across the services, wards and departments comprising the division. Figure 2 also shows how the Performance Management Framework links with other governance arrangements.

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Figure 2: Escalation and assurance structure

Escalation   Assurance

External Reporting (NHSI, CQC, CCG/NHSE, DH)

Board of Directors → NHSI / CQC | Council of Governors

Finance and Performance Committee → Board of Directors

Hospital Management Board → Committees (Audit, S&QG, F&P, WERC)

Divisional Boards → S&QG Sub Committees

Divisional Governance Meetings

Specialty Business & Governance Meetings

6.1 Divisional performance review

Divisional Boards are responsible for monitoring performance against key performance indicators, identifying non-achievement or deterioration in performance and taking improvement actions to ensure performance is restored in as short a timescale as possible.

Each of the senior divisional management teams (see section 4.5) will be required to attend a Divisional Performance Meeting (DPM) every month with representatives of the Trust's Executive Team.

The meetings will focus on areas of performance exception and on-going actions to remedy previous breaches in performance (see section 7).

Our patients are at the heart of everything we do. This is reflected by the approach being taken to review performance across the following three core domains:

- Quality
- Activity (including performance targets)
- Finance

The Divisional Performance Meetings will hold the Divisions to account primarily on the Finance and Activity domains with all KPIs being presented to DPM by the Divisions to give a rounded picture of operational performance. The Quality domain remains the ultimate responsibility of the Safety & Quality Governance Committee of the Board of Directors. However by exception, the meetings will consider escalation of actions for Quality related matters from the executive committees which report into the Safety & Quality Governance

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Committee and will also consider performance related issues escalated from the Transformation Board.

Figure 3 summarises the overlap between the core domains of this patient centric approach. The Divisions have adopted the same approach to their internal performance management and operational structures, for consistency.

Figure 3: Core performance domains

Key
(Q) Quality
(A) Activity
(F) Finance
Patient (Pt)
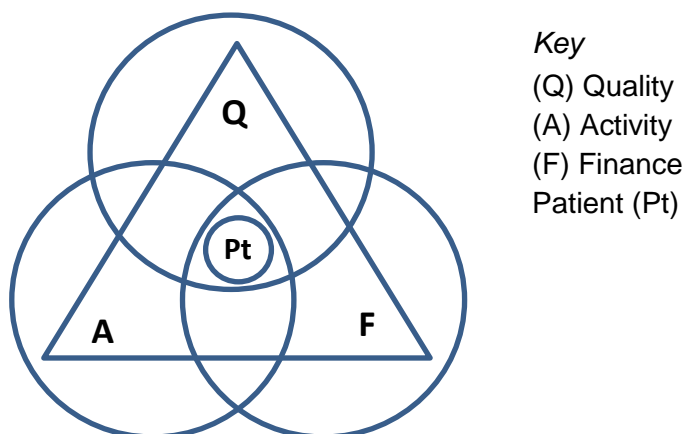
6.2   Service, department and ward level performance review

Performance at service, department and ward level remains the responsibility of the senior divisional management teams, through the service managers, matrons and specialty leads.

6.3   Board of Directors performance review

The Finance and Performance Committee will ensure the Board of Directors receives the necessary assurance on the functioning of the Performance Management Framework. This Committee of the Board of Directors shall receive escalation by exception from the monthly Divisional Performance Meetings.

6.4   Council of Governors performance review

The Council of Governors' general duties include '*To hold the Non Executive Directors individually and collectively to account for the performance of the Board of Directors*'. This is undertaken through attending the Board of Directors in public as often as possible, with highlights and Board Committee escalation considered at the Council of Governors meeting. This is chaired by the Chair of the Trust and attended by the Chief Executive, with Non-Executive Directors presenting on their areas of responsibility as required, enabling direct questioning as necessary.

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7. Performance Review Meeting

The Divisional Performance Meeting will be a 'Board to Board' style session, with the senior divisional management team being held to account by the Executive Team. The meetings will maintain appropriate documentation.

Consistent data sources will be used for the meeting, adopting a 'data pack' approach, so that the focus of the meeting will be on performance issues and agreeing appropriate remedial actions. The data pack will be used to identify key lines of enquiry and key areas of risk. Figure 4 illustrates the Divisional Performance Meeting process.

Figure 4: Scope, function and output of the Divisional Performance Meeting
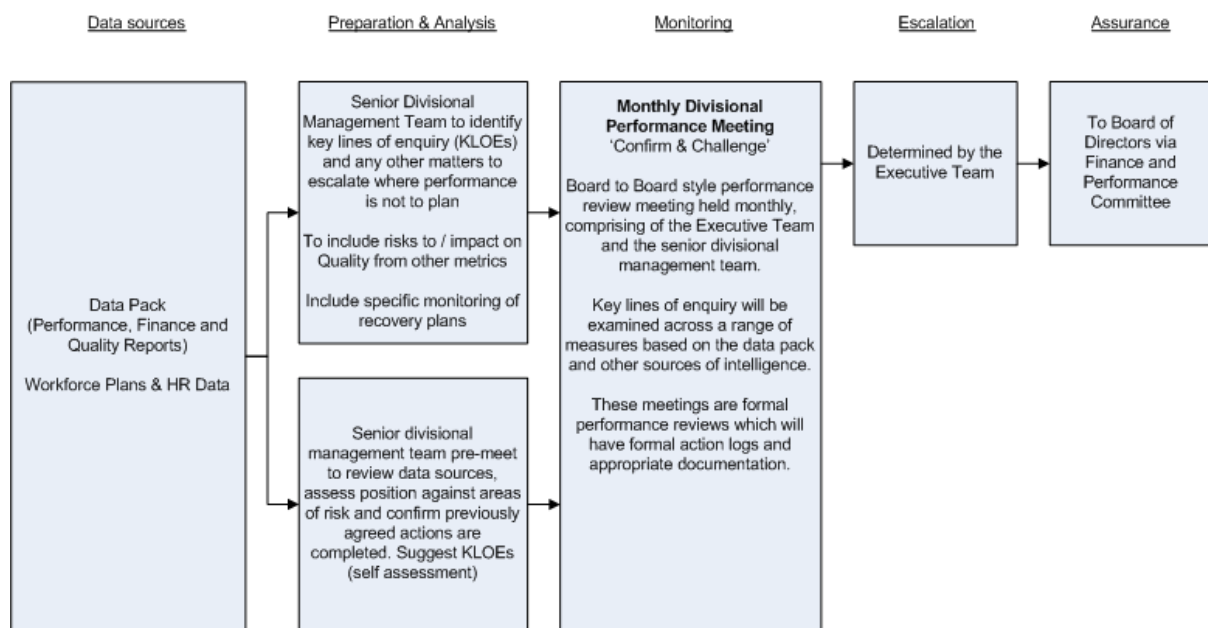
8. Review of the Performance Management Framework

This strategy will be reviewed every year to ensure the framework can adapt to changes in the local, contractual and regulatory position regarding performance management.

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9. Appendix A: Equality Impact Assessment

Policy or function being assessed: Performance Management Framework. **Department/Service:** Performance
Assessment completed by: Andrew Palmer, Director of Transformation & Workforce **Date of assessment: April** 2019

1.	Describe the aim, objective and purpose of this policy or function.			In order for the Trust to be assured that its performance management processes are effective and that it can demonstrate full and comprehensive implementation of its strategic and operational plans, a standard performance management framework is required.
2i.	Who is intended to benefit from the policy or function?			Staff ✓ Patients ✓ Public ✓ Organisation ✓
2ii	How are they likely to benefit?			All stakeholders will be assured of the quality and performance of services delivered.
2iii	What outcomes are wanted from this policy or function?			Assurance to all internal and external stakeholders regarding performance and quality of services.
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **race/ethnicity?**		**N**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **gender?**		**N**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **disability?**		**N**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **sexual orientation?**		**N**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **pregnancy or maternity?**		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **religion/belief?**		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **transgender?**		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **age?**		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **marriage or civil partnership?**		N	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?		N/A	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.		N/A	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*
14.	**Specific Issues Identified**			

	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment	Page/paragraph/section of policy/function that the issue relates to
	1.	1.
	2.	2
	3.	3
15.	**Proposals**	

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	How could the identified detrimental impact be minimised or eradicated?		
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?		**N/A**
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?		**N/A**
17.	**Policy/Function Implementation**		
	Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust. Please print: **Name of Director/Head of Service:** Andrew Palmer **Title:** Director of Transformation & Workforce **Date:** 14/05/2019 **Name of Policy/function Author:** Andrew Palmer **Title:** Director of Transformation & Workforce **Date:** 14/05/2019 (A paper copy of the EIA which has been signed is available on request).		
18.	**Proposed Date for Policy/Function Review** March 2019 or sooner if required as detailed in the document.		
	Please detail the date for policy/function review (yearly): March 2020		
19.	**Explain how you plan to publish the result of the assessment?** *(Completed E.I.A's must be published on the Equality pages of the Trust's website).*		
	Standard Trust process		
20.	**The Trust Values**		
	In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures. They are that all staff intend to do their best by:		

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Putting patients first, and they will:
   Provide the best possible care in a safe clean and friendly environment,
   Treat everybody with courtesy and respect,
   Act appropriately with everyone.

Aiming to get it right, and they will:
   Commit to their own personal development,
   Understand theirs and others roles and responsibilities,
   Contribute to the development of services

Recognising that everyone counts, and they will:
   Value the contribution and skills of others,
   Treat everyone fairly,
   Support the development of colleagues.

Doing everything openly and honestly, and they will:
   Be clear about what they are trying to achieve,
   Share information appropriately and effectively,
   Admit to and learn from mistakes.

I confirm that this policy/function does not conflict with these values. ☑

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