

### **Board of Directors' Meeting** 13 March 2025

Agenda item		055/25							
Report Title		System NHS Accountability and Performance Framework							
Executive Lead		Anna Milanec, Director of Governance							
Report Author		Anna Milanec, Director of Governance							
•									
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:					
Safe		Our patients and community		DAE 42					
Effective		Our people		BAF 13					
Caring		Our service delivery	$\sqrt{}$	Trust Risk Register id:					
Responsive		Our governance	$\sqrt{}$						
Well Led	$\sqrt{}$	Our partners	$\sqrt{}$						
Consultation Communication		SaTH Executive Team							
Executive summary:		feedback on the attached door System NHS Accountability and It was advised that the document executive teams and signed March 2025.  This STW ICS framework is in System Integrated Improvement.	aske cume and P ment off at in add	ed by ICS leads to comment and ent, containing a proposed Performance Framework.  should be shared with provider boards before the end of dition to, and separate from, the					
Recommendation	ons:	The Board is asked to:  Note the details provided in the Note the request for agreeme							
Appendices:		STW ICS System NHS Accountability and Performance     Framework							





# System NHS Accountability and Performance Framework

**January 2025** 

## Section 1: Overview





### **Purpose of document**

The purpose of the Accountability and Performance Framework is to provide a governance structure across the Shropshire Telford & Wrekin system to ensure successful delivery of operational plans, national standards and effective reporting of improvement where recovery is required. It will be an integrated model that takes account of individual organisational accountability and performance governance but ensures delivery across the whole system. This framework is a key deliverable (4.2) for the System Integrated Improvement Plan agreed at the ICB in November 24.

The document outlines the respective ambitions across the following areas:

- Creating a mutual accountability culture
- Creating an integrated performance framework
- Regular reporting that is standardised and uses individual organisational reporting as much as possible
- Creating a consistent tiered approach to performance improvement and assurance
- System and NHSE Tier 1 / NHSE interface





### Introduction

- The System's Accountability & Performance Framework (SAPF), System Board Assurance Framework (SBAF) and other wider governance arrangements when combined, are integral to the System's governance framework. The Framework is designed to enable a full and comprehensive oversight of the implementation of strategic and operational plans, including the delivery of programme (e.g. UEC or Elective), quality and financial improvement plans as required.
- The SAPF aims to foster a culture of individual responsibility and mutual accountability at all levels in the System and helps Boards, Directorates and Teams understand the roles they play in successful delivery of the System and Trust's objectives. The SAPF specifies the structure, systems and processes used to embed a performance management culture in all partners and identifies the responsibilities for performance management at both Trust and combined System level.
- A devolved mutual accountability structure is the objective for the system, with this managed via the SAPF.
  The underlying principles of this Framework are to ensure the delivery of individual Trust's strategies and
  corporate objectives are managed in a systematic way as fundamental components of the system wide
  strategies, operational plans and national standards.





### **The Performance Spectrum**

 The spectrum of performance stretches from unacceptable at one extreme, to outstanding performance at the other, as illustrated:

Breach of requirements and/or multiple KPI targets across multiple domains

Non-compliance of requirements, not meeting several KPI targets, selected improvement standards or failure to meet improvement targets

Compliance with requirements, adoption of improvement standards and performance against KPI targets

Exceeding KPI targets, benchmarking and continued improvement



Unacceptable

Requires Improvement

Good

Outstanding





(the spectrum of performance must be measured in terms of metrics, targets and standards)



### **Creating a System Performance Culture**

#### **Overview**

The System needs to promote an integrated performance culture that actively supports continuous improvement and can demonstrate grip and control of its overall performance and delivery.

#### **Achieving a performance improvement culture**

Level	Description	Impact
1	Disparate, uncoordinated approach	Duplicate effort, time consuming, difficult to consolidate, lack of trust in information.
2	Systematic performance measurement	Key performance information collected, efficient reporting of performance information
3	Effective performance reporting	A joined-up set of strategies/plans/objectives, clear objectives communicated and understood throughout the ICB, clear accountability established
4	Performance Management	Ownership is devolved, objectives are better understood, decisions are based on evidence, information is used to drive change and actions
5	Performance Improvement culture	Continuous improvement, employees empowered to utilise performance to drive change, plans reflect organisational capability, all plans linked to System vision/values/objectives



This can be used to assess where we are both as individual organisations and as a system (we may be at multiple levels within an organisation or across the system for different programme areas)

## **Objectives of the Performance & Accountability Framework**

The SAPF sets out the systems and processes through which the system will support organisations / teams and manage the delivery of our strategic and operational goals, as well as ensuring that the regulatory and statutory requirements that apply to the system and its Trusts are met (including those outlined in the NHS Constitution).

The SAPF drives the implementation of best practice performance assurance processes throughout the system, aligned to organisational and IC Board committees, ensuring that:

- Accountability arrangements are in place across the system and individual Trusts to drive the delivery of all agreed objectives, targets, and standards. Performance is seen as a continuous process which is embedded in all aspects of organisational activity.
- Agreed performance objectives and targets are Specific, Measurable, Agreed, Realistic and Time bound (SMART) and transparent measurements are set to monitor performance.
- Timely information is available to enable appropriate understanding, monitoring, and assessing of the System and individual Trust's quality and performance, prompting appropriate action to be taken if performance is forecast to fall below set objectives and targets at both organisation and system level as required.
- All system partners and their respective Committees understand their roles and responsibilities and are supported and motivated to deliver, with a clear line of sight between their contributions and the overall success of the Trust and wider system.
- Action plans are developed as soon as risks to the achievement of required targets or standards and/or barriers to
  effective performance are identified within individual trusts and then, if necessary, aggregated by the ICB where
  system performance is affected.





### **Key Performance Management Principles**

The following key management principles underpin this framework:

- Focused on improvement All organisations, teams and staff members are encouraged to embrace a
  culture of continuous performance improvement and to speak up with suggestions and concerns. Initial
  interventions will focus on recovery to sustain improvement and will include actions to address the root
  causes of issues.
- **Transparent** Clear and pre-determined performance measures and interventions. Organisations, teams and individuals will understand how performance is being assessed and what to expect if performance falls below acceptable levels.
- Consistent Clear accountabilities through a uniform approach across the system, at different levels of the system and individual organisations will ensure that all parties are clear of where accountabilities lie.
- **Proactive** Delivery focused on improved performance through an integrated and action-oriented approach, with thresholds for intervention that identify underperformance at an early stage so that it can be swiftly addressed.
- **Proportionate** Performance management interventions and action are related to the scale of risk and maintains an appropriate balance between challenge and support.



# Section 2: Responsibilities





# System Wide Performance Management Matrix of Accountabilities & Responsibilities

To deliver the SAPF a stepped approach to performance management is required which clearly specifies roles, accountabilities, and responsibilities. It is essential that key targets, programmes, projects, and actions are disaggregated throughout the System and within Trusts and hierarchy to ensure delivery of targets at every level and across the system / organisation as a whole; to understand what is expected of them and the part they play in the overall success of the system and Trust.

	System	ICB	SaTH	RJAH	SCHT
Oversight	Integrated Care Board	Integrated Care Board	SaTH Board	RJAH Board	SCHT Board
Assurance Sub-Committee	System Quality & Performance Committee	Quality & Performance Committee /Finance Committee	Performance Assurance Committee / Finance Committee	Finance & Performance Committee	Resource & Performance Committee
Management Escalation	System Transformation Group	NHS STW Exec Team	Trust Exec Team	Trust Exec Team	Trust Exec Team
Management Delivery	Programme Delivery Groups	Senior Leadership Team	Divisional Performance Review Meetings	Directorate Performance Meetings	Directorate Performance Meetings



Organisational reporting



### Trust / System Responsibilities & Accountabilities

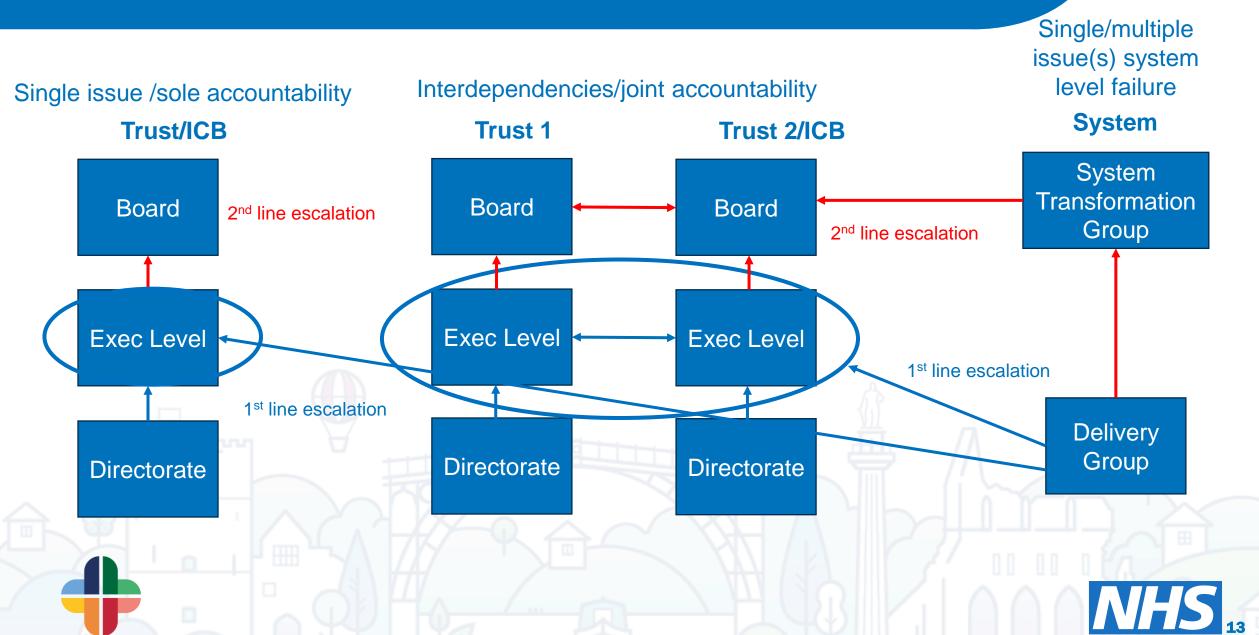
- Individual Organisations failing one operational / national or more metrics would have the responsibility for development of respective improvement plan(s) and recovery trajectory(ies) these are already be required by internal provider Performance Management Framework (PMF).
- Individual Organisations have responsibility for delivering the recovery where it is solely within their gift to do so – monitored where appropriate via Contract Review Meetings
- If an Organisation can't recover alone then this should be raised via the appropriate Programme Delivery Group and System Planning & Performance leads can work with respective stakeholders to develop system performance improvement plans (SPIPs)
- SPIPs will be monitored via Delivery Groups and assurance provided by these groups to the ICB Quality & Performance Committee.
- Individual provider elements of any SPIP should also be tracked through the providers own PMF.

## Trust / System Responsibilities & Accountabilities Cont...

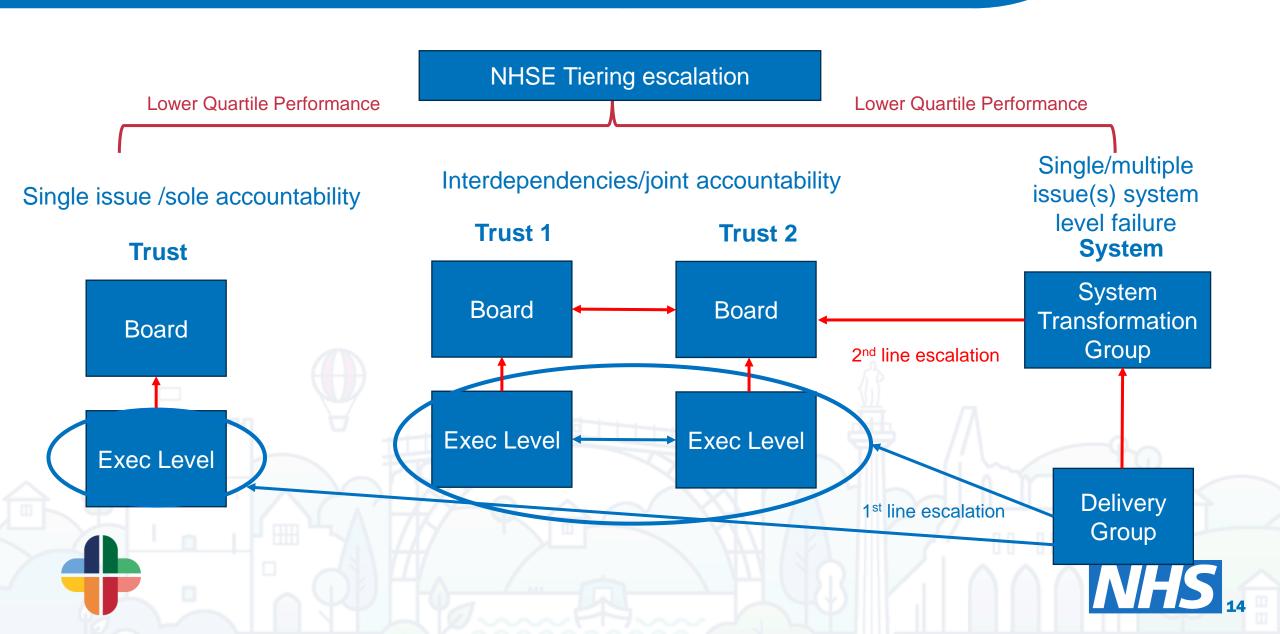
- Recovery of performance should be overseen at individual Trust level ultimately by their own Board and Performance Sub Committee
- Where wider system performance is affected, the recovery should be overseen by the respective Programme Delivery Group
- Delivery Groups can escalate any concerns regarding individual organisational delivery to that org directly via the exec team (next slide). If there is multiple organisational failure the Delivery Group can escalate those concerns to all the necessary parties.
- Delivery Groups are responsible for identifying interdependencies within performance/plan delivery. They are best placed to oversee the collective delivery particularly if failure in one part of the system is as a result of action within another part.
- If the Delivery Group is unable to resolve issues of non-delivery directly then this
  would be escalated to the System Transformation Group.



## Trust/System - Performance Delivery Responsibilities and Accountabilities - Schematic



# Trust/System - NHSE Tier 1-2 Performance Delivery Responsibilities and Accountabilities - Schematic



### **Regular System Performance Reporting**

#### What regular system performance reports do we produce:

Report	Frequency	Audience	Purpose	SRO
Integrated Performance Report	Bi-monthly	ICB Board	To provide performance updates to the board to give assurance, highlight areas for concerns and outline mitigating actions	Director of Planning and Performance
QPC report	Monthly	Quality and Performance Committee	To provide performance and quality updates to the committee to give assurance, highlight areas for concerns and outline mitigating actions	Head of Planning & Performance
Delivery group reports – system level	Monthly	Delivery group	To provide performance updates to the delivery group on KPIs to highlight areas for concern and seek assurance regarding mitigating actions in the form of plan on a page (see Appendix i) Provide standard reporting across delivery groups. Use standard performance improvement planning process.	Planning and Performance Leads
Delivery group reports – provider level	Monthly	Delivery Group	To provide assurance using standard plan on a page (See Appendix i) that either performance is being achieved or if not is in recovery and that is on track or to escalate risks and issues preventing recovery.	COOs
Tier one reporting	Weekly/ Monthly	NHSE	To provide updates against recovery trajectories for at risk KPIs	COOs



If we use a common performance update template across the system – it would allow for streamlined/consistent reporting as these could be used both within organisations and to report through to system delivery groups, then where necessary easily aggregated to give a system wide position – suggested template in Appendix i. The only exception would be Tier 1 reporting where NHSE dictate the format for each respective programme area.

### **Performance Improvement**

#### What is our collective role in performance improvement and assurance:

- Use performance reporting to monitor performance against key indicators and delivery of operational plans e.g. activity and take proactive forward look for the next 3months to anticipate issues, mitigate and reduce incidence of performance failure.
- Use continuous improvement methodology including regular look backs and lessons learned to be applied going forwards
- Identify where performance improvement plans are required using the criteria below:
  - Performing no action required
  - 1 month under performance monitor
  - 2 months under performance or failure predicted within the next quarter- Improvement plan required, and the nature of the failure is risk assessed (organisation or system level as required)
  - 3 months (or more quickly if assessed risk is high) without improvement since improvement plan in place- 1<sup>st</sup> level escalation to Exec level if single organisation, escalate to multiple execs if interdependencies/joint accountability and delivery group if system level failure.
  - Continued failure and no signs of improvement 2<sup>nd</sup> level escalation to System Quality & Performance Committee and System Transformation Group.



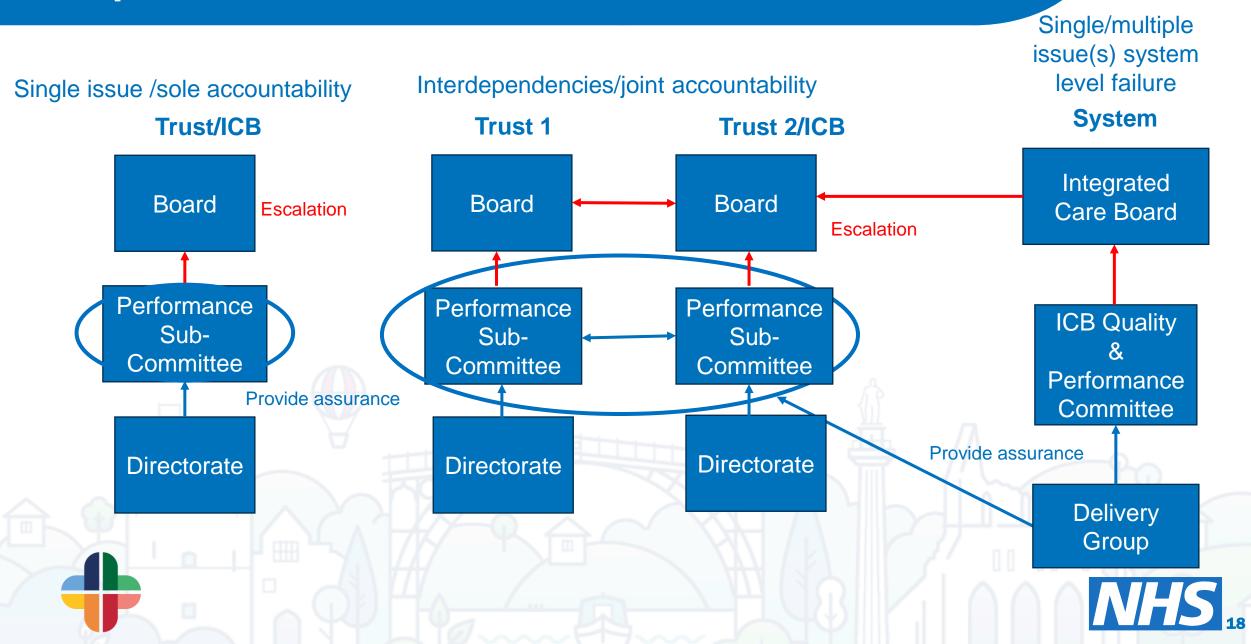
### **Performance Improvement**

- Where a system performance improvement plan is required, this process should be followed:
  - Planning and Performance Leads to work with key stakeholders to develop the improvement plan using agreed template (Appendix ii TBA)
  - Collectively critique content of improvement plan (via Delivery Group) prior to sign off to ensure it will have the required impact
  - Once all responsible partners agree what needs to be in the plan, Planning and Performance Leads to submit a report to the ICB Commissioning Working Group for formal signing off of the plan
  - Planning and Performance Leads to attend Delivery Group to present the approved action plan
  - Once formally agreed Planning and Performance Leads hand the improvement plan over to the Delivery Group for oversight of delivery.





# Trust/System - Performance Assurance Responsibilities and Accountabilities - Schematic

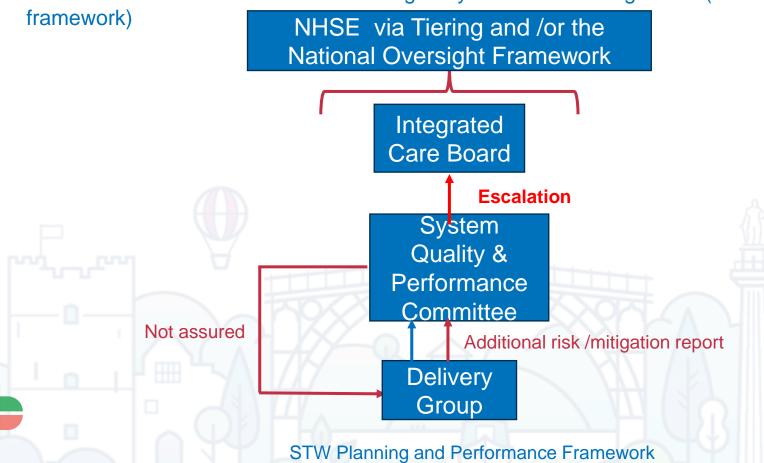


### Where System Performance Assurance is not received

When System QPC is not assured by rate of improvement:-

- the respective delivery group will be required to provide a report that outlines the risks to delivery/ improvement and known mitigating actions.
- if no improvement within 3 months of this report, System QPC will escalate to the Integrated Care Board, unless when risk assessed, more urgent improvement is required e.g. patient safety/ estates e.g. fire safety.

• Continued failure will then also be managed by NHSE via Tiering / NOF (to be defined by new national





# Section 3: Appendices





PROGRAMME: PRO					CT NAME: H	Highlight	Report	Report Level of PMO Sup						
SRO			Deliver	y Lead		Perfo	rmance Lead			Specialities / Sub Dept.				
Informatics	Lead	ead Clinical lead		l lead		Fin	ance Lead				PMO Lead			
Trajectories and Actual														
Date	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	1	Jan-25	Feb-25	Mar-25	
Plan														
Actual														
				Focus Headline	S						Longest Wait	National Target	Local Target	
Delivered in Sep	itemher:				ing October:								ruiget	
Delivered in September:			Duit	ing October.						G	raph			
			-	of an analysis	at				Queries/ Escalations					
			PE	erformance Narra	ative						Queries/	Escalations		

### ii) Performance improvement plan template

See Excel template.



PROGRAMME:				PROJE	ECT NAME:	: Plan on	a Page	Level of PMO	Support:				
Senior Respo			Delive	ry Lead		Perfo	ormance Lead	R	Specialitie		lities / Sub Dep	t.	
Informatics	Lead		Clinica	al lead		Fi	nance Lead		PMO Lead				
				Project So	cope and Impact						Longest Wait	National Target	Local Target
					Tra	ajectories and A	ctual						
Date	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24		Jan-25	Feb-25	Mar-25
Plan													
Actual													
Actions High Level Key Milestones							Date			Gr	aph		
											Key Risks		Score
													23