

Meeting: Trust Board

Date of Meeting: 05 June 2025

Item Number: Item Number

Title of Report: Performance Assurance Framework Annual Review

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Purpose of the Report:

Decision ☒ **Discussion** ☒ **Assurance** ☐ **Information** ☐

The Trust reviews its Performance Accountability Framework on an annual basis. This paper provides an update on the revised metrics for 25/26.

Consultation:

The paper has been reviewed at FPC, Monday Executive meeting and at ELT.

Key Risks (please tick one or more):

Clinical ☒ **Financial** ☒ **People** ☒
Reputational ☒ **Legal / Regulatory** ☒

Impact:

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?			X	
Quality Impact			X	

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Assessment completed?				
Data Protection Impact Assessment completed?			x	

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	The Performance Accountability Framework is the key mechanism through which we provide oversight and assurance of our delivery against key quality, safety, performance, people, and financial metrics across the organisation.
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	
Sustainable and efficient use of NHS resources by RCHT	

Recommendation(s):

The Board is recommended to:

- **Review and approve** the 2025/26 Performance Accountability Framework, including the proposal for the reduction in metrics within the IPR.
- **Approve** the proposed amendments to performance review meetings.

Performance Assurance Framework: 2025-26 Review

1. Situation / Executive Summary

2025/26 will be a significantly challenging year operationally and financially. As part of our planning process, we have set out ambitious operational performance and CIP trajectories which will require significant process change and transformation to deliver. Alongside this, it is expected there will be a much stronger performance management approach from NHS England in 2025/26. Our overall performance assurance framework (PAF) will therefore be crucial in ensuring we have oversight and assurance of the delivery of our operational and financial plan priorities.

It is proposed that to support this, and in line with the national direction of travel, that we undertake a review of our PAF to ensure it is streamlined to focus on the key aspects which directly support our 2025/26 commitments. This will also strengthen the link between Trust priorities and the metrics and discussions held in Care Group Performance Review Meetings (PRMs).

Importantly, in a year where we are required to deliver significant transformation and improvement at pace, it is essential that as a Trust we have a strengthened accountability framework that will support triangulation across key performance, safety, quality and finance metrics.

2. Background

In March, NHSE released a draft [Performance Assessment Framework](#), which set out the key metrics acute trusts will be reviewed against in 2025/26. The framework describes that NHSE will use the assessment process to measure delivery against these measures and identify where improvement is required. This will then determine which national improvement segment each organisation will be in. Consultation on this framework will go live in May, but a key aspect of the framework is the significant reduction in the number of key metrics providers will be tracked against. Alongside this, to support transparency, NHS England will publish a new interactive scorecard later this year with organisations' delivery scores and final segmentation along with benchmarking data and ICB and provider capability ratings. This data will be updated quarterly.

It is crucial that as part of our internal PAF, we have clear oversight of both the key measures that are crucial for delivery of our operational and financial plan, but also the measures NHSE will be using to hold providers to account.

NHSE also published '[Insightful Provider Board](#)' guidance in 2024 which set out key guidance for Boards on how to use and interpret the information that it is provided. As part of this guidance, a sample Integrated Performance Report was produced. A comparison between our IPR and the sample NHSE one shows we have further improvements to make in relation to how we use SPCs to support the Board to identify where there is a statistically significant change, rather than relying on 'RAG' assessments.

The current Trust IPR has 112 metrics. Some of these regularly have no associated commentary, even when the metric is showing as off track, as there is no clear owner for reporting against the metric. Feedback from Non-Executive Directors has also suggested that it can be challenging in the IPR to assess what are the key areas of focus, improvement and concern.

At Care Group level, Care Group Performance Accountability Framework metrics can include up to 77 metrics, again making it challenging to focus on the key areas.

Whilst reviewed annually, the metrics in both the IPR and the Care Group PAF mostly remain unchanged year to year, with some tweaks to ensure metrics remain relevant. Whilst this can be a strength, as it provides a multi-year view of performance, it means the performance accountability framework does not necessarily reflect a streamlined and focussed view of in-year priorities.

3. Assessment

As part of our operational and financial plan, the Trust has identified the following key priorities:

- **Improving Urgent and Emergency care performance**
 - By March 2026, improving system 4 hour performance to 85.8% (ED to 62.9%), reducing ambulance holds to an average of 27 minutes and reducing waits of over 12 hours in ED to 5%
- **Improving access to elective services**
 - By March 2026, 74% of patients waiting no more than 18 weeks for their elective treatment, delivering 84.8% 62 day cancer standard and 83% 28 day cancer faster diagnosis standard
- **Delivering ECare digital transformation**
- **Preparing for the £350m Women and Children's Hospital**
 - Outline Business case refresh, Full Business Case submission, and progression of enabling works
- **Delivering Financial balance**
 - Delivering £49m CIP programme

In addition to the above, the Trust is also maintaining an overarching focus on improving quality and safety.

It is proposed that these areas drive the metrics that are monitored as part of the Performance Accountability Framework in 2025/26. In line with the national direction of travel, it is also proposed that the metrics we monitor are refined around a smaller number of priority areas, including the national priority metrics and any local metrics.

The proposed metrics for the IPR are set out in appendix 1. This also includes the metrics that it is proposed are removed from the IPR. This has revised down the IPR metrics from 112 to 87. Whilst it is challenging to remove metrics, it is important we have clarity on what it is important for us to track as part of our 25/26 delivery. Where there has been a consistent lack of commentary for a metric over the past 12 months, this would suggest that it is either not an area of priority or concern. Summary of removals as follows:

- Urgent and Emergency Care:

- Reducing ambulance metrics from 5 to 2 to be clearer on key measures.
- Removal of four ED metrics which have overlap with others (e.g. keeping ED over 12 hours in department, removing 12 hour trolley waits and average trolley waits).
- Reducing stroke metrics from 5 to 3, focusing on key priority areas.
- Removing 4 discharge to assess metrics, but maintain metrics for overall number of delayed discharges, super stranded patients and average length of stay.
- Removing two eDischarges metrics, due to lack of associated commentary.
- Planned Care:
 - Removal of RTT metrics to reflect updated focus on over 18 and 52 week RTT.
 - Removal of elective sessions used to reduce productivity metrics.
 - Removal of PIFU due to ongoing consistent achievement and therefore no required monitoring/commentary.
- Cancer:
 - Removal of two metrics to maintain focus on the three prioritised NHSE metrics.
- Safety and Quality:
 - Removal of SMR and crude mortality, to maintain focus on HSMR and SHMI. Commentary usually only refers to HSMR, but to note that SHMI is the NHSE prioritised metric.
 - Removal of sepsis and MSSA metrics due to lack of associated commentary.
- People:
 - Reducing staff survey questions from 6 to 3, including NHSE priority metric.
 - Reducing EDI metrics from 5 to 2, to focus on key areas and due to lack of associated commentary.
 - Removing RIDDOR reports due to lack of commentary.
- Journey of Improvement:
 - Removing total staffing utilised due to lack of commentary.
 - Removing agency as % of total pay spend. Keeping monthly agency spend metric, which will track against plan.

Alongside the removals, three NHSE PAF metrics have not been included, as follows:

- Percentage of patients referred to stop smoking services.
- National maternity survey "looking after you" score – data produced yearly.

- Rate of productivity – data cannot currently be modelled internally following change in how metric is produced nationally.

In response to feedback from the Executive Team, we are reviewing where the quality and safety metrics that have been proposed for removal from the IPR are reported, so we can ensure oversight of these metrics continue in appropriate forums.

Alongside the review of IPR metrics, each Care Group will be asked to identify their priority area of improvement linked to each of the five Trust priorities, which will ensure alignment and oversight of improvement opportunities, supporting strengthened delivery of our 2025/26 priority objectives. These will be monitored through the monthly Care Group Performance Accountability Framework and Performance Review Meetings.

Care Group Performance Review Meetings (PRMs)

The following changes to PRMs are proposed to strengthen the Performance Assurance function of the Trust:

Strategic Alignment - The metrics within the IPR will follow through to Care Group and Corporate PAF level. Individual Care Group metrics will also be incorporated, linked to the achievement of the above objectives. Similar to the IPR, the overall number of objectives will be reduced.

Strengthened analytics - The Performance and Strategy team want to strengthen the level of analytics support to Care Groups and the Executive for Performance Assurance purposes, but it is recognised that presently the CPI team are stretched for capacity due to additional pressures associated with Ecare. The long-term goal would be to consider aligning business analytics support with the Care Groups and to provide the Executive with an analytics pack ahead of the PRMs. However, recognising current capacity constraints whilst still supporting strengthened Executive enquiry, it is proposed that initial key lines of enquiry are shared by the Performance team in advance of the PRM based upon the months data.

In addition, further insight will be available in 2025/26 in relation to the correlation between metrics, following the development of a tool that identifies statistical correlations. This will be particularly helpful at IPR level to support identification of correlation between metrics, and will be used to support the IPR narrative.

Executive oversight - In relation to Care Group PRMs, consistent feedback has been received that Executive attendance requires strengthening.

It is therefore proposed that PRMs revert to being held on a single day each month. This day must be attended by all Executives or their deputy. Executives will lead discussion on the agenda for their associated areas (for example, CMO/CNO for quality and safety, CPO for People), in order to demonstrate Executive oversight of Care Group performance. PRMs will continue to be chaired by the Chief Performance, Partnerships and Transformation Officer or deputy in order to maintain the current level of separation on performance delivery and assurance.

In addition, representatives from CITs and Estates will also be added to the PRM attendee list to strengthen input and oversight from these corporate teams.

Managing for Improvement - PRMs will focus upon the improvements Care Groups are making, using the PRM data to drive discussions in a way that is aligned to our Quality Improvement methodology. It is important that as Trust we have oversight of the interdependencies across our performance metrics and the balanced scorecard approach of our PAF is a current strength. PRM discussions will focus upon quality, safety, performance, people and high-level finance metrics, meaning attendance from Chief Medical Officer, Chief Nursing Officer, Chief People Officer and Chief Operating Officer, and Finance directorates will be required at all meetings.

Greater use of SPC

Feedback has been received that the current PAF is too heavily reliant on RAG rated tables rather than SPC, and that the information is provided in a disjointed way which does not make it easy to identify the key areas of concern (at present, Care Group PAF information is provided in a RAG rated excel table, with a separate online report which provides SPCs which require each individual to separately access and interpret). It is therefore proposed that improvement is made in 2025/26 in how we use and apply SPCs across our accountability framework to strengthen how we use data to improve our services, moving to SPCs that show the metric target as well as the data trend overtime. However, it should be noted that the BI team are currently unable to support new developments due to the impact of eCare, so changes will be made incrementally throughout the year.

Care Group Delivery meetings

The Trust has appointed an interim Improvement Director to oversee delivery of our 2025/26 CIP programme and financial recovery. The Improvement Director holds weekly Care Group delivery meetings, where delivery and oversight of key actions related to financial sustainability takes place. It is not intended that Care Group PRMs duplicate any of this activity. Instead, PRMs will be for escalation and reporting by exception of items from the delivery meetings as required, with a particular focus on quality and people metrics in the context of the financial improvements that Care Groups are making, to ensure that any potential known or unknown impacts can be identified and mitigated.

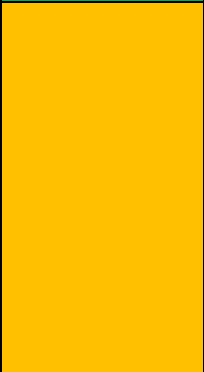
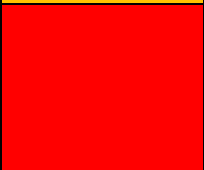
The Journey of Improvement part of the PRMs will focus on delivery against high level control totals and high level assurance around CIP delivery noting that the detail is covered at the Group Delivery Meetings.

Specialty PAF

In addition to the above, the Trust will focus on further embedding the Specialty-level PAF in 2025/26. This will include engagement with specialty leads and further review and development of specialty PAF's to support more rigorous focus on specialty level performance, with the aim of driving improvement from specialty level through to Care Group and in turn Trust level performance. This will include a plan to roll out the Statistical Process Control chart tool on RADAR to specialty level to support specialty performance review, and identification of metrics demonstrating special cause variation as a means of facilitating the prioritisation of areas requiring focus.

Data Quality

A data quality check column is also included in Appendix 1. The data quality check is routinely carried out as part of the PAF review process, and it is good practice for the Board to regularly monitor the data quality of the metrics reported. The definitions used are:

RAG score	Description
	Data comes from a centrally owned system and should be subject to DQ checks. There are no known issues with the DQ, beyond generic risks such as poor data entry/ timeliness, large scale and complexity etc.
	The data comes from a centrally owned system with overall DQ checks, but there are some known issues with the data; or the information comes from a non-centrally owned source but has been shown to be robust over time. Metrics in this category are often in the 'best available' category. These would also be the kinds of measures where we would aim for improvement through, for instance, improvements in clinical systems (for instance via the new PAS, or by incorporating manual counts into more robust systems).
	There are material issues with the data quality; it is subject to known potential inaccuracies. The measure should only be reported on a heavily caveated basis in the absence of any other data and in the knowledge of its limitations.

Whilst most measures in the current IPR are assessed as green, green data quality does not, therefore, mean the data is perfect as no system can guard against e.g., poor data entry. It should however be expected, as most metrics in the current IPR are standard national metrics with standard methodologies, and good knowledge within the Trust over time of how they might be expected to look. There are currently no red metrics; such metrics would only be reported in the IPR in unusual circumstances.

Work has commenced in 2024/25 and will continue into 2025/26 to compile a robust data dictionary for the IPR, detailing a comprehensive description of the data definitions as a central reference providing explanation of what the data represents. For metrics where the data is not derived from the Trust's central business intelligence and information service and is instead provided by a range of sources across the organisation, this is particularly beneficial in enhancing data quality by ensuring a documented description of how the data is collated. This approach should ensure consistency and accuracy in data collection and help prevent inconsistencies in reporting.

4. Risk

There is a risk that failing to align our PAF to our 2025/26 operational and financial objectives will result in the Trust being unable to have adequate oversight and assurance of our performance against these objectives. This could result in a failure to identify issues with delivery, as well as failing to identify any potential impact of process and transformation changes against safety and quality measures.

5. Accountability

The Chief Performance, Partnerships and Transformation Officer is responsible for the Performance Accountability Framework and Performance Assurance in the Trust.

6. Recommendations

- **Review and approve** the 2025/26 Performance Accountability Framework, including the proposal for the reduction in metrics within the IPR
- **Approve** the proposed amendments to performance review meetings