

Performance Management Framework

Document Reference	Performance Management Framework – March 2025
Version	V0.3
Responsible Committee	Finance and Performance Committee
Responsible Executive Director	Deputy Chief Executive
Document Author	Director of Strategy, Planning and Performance
Approved By	TBC
Date Approved	TBC
Review Date	TBC
Equality Impact Assessed (EIA)	EIA screening concluded no impact on any protected characteristic.
Protective Marking	Not protectively marked

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
0.1	13/10/24	Gav Austin Carol Weir	D	Rewritten, using the Performance Framework v5.1 previously discussed at TEG June 2023
0.2	15/02/25	Gav Austin Carol Weir	D	Updated from feedback at Board Strategic Forum October 2024
0.3	20/03/25	Carol Weir	D	Updated from feedback at Board Strategic Forum February 2025

A = Approved D = Draft

Associated Documentation:

PDR Policies / Procedures

Quality Improvement Enabling Plan

Risk and Assurance Strategic Framework

Risk Management Policy

Trust Business Plan

Trust Governance Handbook

Trust Scheme of Delegation / Constitution

Trust Strategy

Contents

1. Purpose and Scope	Error! Bookmark not defined.
2. Key Elements of the Performance Management Framework	4
2.1 Accountability	4
2.2 Setting performance expectations	6
2.2.1 Annual Business Planning Process	6
2.2.2 Performance Metrics	7
2.2.3 Staff Performance and Development.....	8
2.3 Performance Review and Improvement meetings	8
2.4 Reporting	9
2.5 Ensuring a Trust-wide Standardised, Holistic and Aligned Performance Approach	10
2.6 Risk Management.....	11
2.7 Support to implement effective Performance Management	12
2.7.1 Quality Improvement (QI)	12
2.7.2 Programme Management Office (PMO).....	12
3. Review and Future Development	12

1. Purpose and Scope

This document describes the Performance Management Framework for Yorkshire Ambulance Service NHS Trust (YAS).

Performance management is defined broadly as a set of arrangements and processes that assist the Trust to develop and deliver high quality patient care and support services (where quality is understood to mean safety, efficiency, productivity, effectiveness, and experience).

The Performance Management Framework (PMF) for YAS sets out a formal, regular and rigorous process to improve the quality of patient care and service delivery. The process ensures effective use of data and analysis to indicate trends and measure the performance of services to ensure optimal service delivery, continuous improvement, and transparency, ensuring accountability at all levels, aligning with national health service priorities.

The PMF is an integrated approach to monitor and improve the quality of services and outcomes for patients and develop a shared understanding about delivery to achieve the Trust's strategic ambitions. The framework empowers and supports colleagues at all levels in the organisation and applies to all frontline operational services and support functions across all directorates, service lines, departments, teams and employees of the Trust.

The PMF aims to give assurance to the Trust Board that the Trust has a clearly defined approach for delivering performance and ensuring accountability for performance is clear.

The purpose of the PMF is to:

- Support a culture of systematic, continuous improvement to ensure the effective delivery of Trust strategic ambitions, objectives and development priorities set out in the Trust strategy, enabling plans, annual business plan, and other service and project plans, including delivery of relevant national standards and local contractual targets.
- Strengthen accountability for performance providing assurance and evidence to the Board, internal and external stakeholders, and the wider public that the organisation has effective systems in place and is committed to achieving high standards of quality, safety and value for money as part of the Trust's wider governance framework.
- Facilitate excellence in operational and support functions at all levels of the organisation, ensuring a clear line of sight from Trust strategy and ambitions to the contribution of all directorates, teams and individual members of staff.
- Set out clear, consistent and effective lines of accountability for delivery, from the Board to service level, teams and individuals.
- Ensure a values-led approach to collectively identifying, reporting and

- escalating performance issues, and to planning and delivering recovery actions in response to performance issues through supportive discussions.
- Enable visibility and sharing of good practice.

The PMF ensures the effective delivery of the Trust's Strategy. The PMF sets out the processes, values and culture of the organisation that need to be embedded to support people and teams to take positive ownership and accountability for improvement. The PMF is shaped by the:

- YAS vision and strategy, supported by objectives, performance measures and accountability.
- YAS values and behavioural framework.
- Strategic and annual business planning processes aligned to the annual NHSE planning guidance and Integrated Care Board Joint Forward Plans and local Place priorities.
- Board Assurance Framework.

2. Key Element of the Performance Management Framework

2.1 Accountability

The Trust's PMF presents a hierarchy of consistent and linked performance management arrangements - the golden thread from the Board through to managers and individuals. The performance management hierarchy sets out how different levels of the organisation will:

- monitor and report performance information.
- identify performance challenges and improvement opportunities.
- implement recovery / remedial actions to address performance challenges.

To ensure accountability, roles and responsibilities are clearly defined at all levels, utilising consistent reporting, to ensure that performance goals are met and sustained (See Appendix 1).

The **Board of Directors (and Board Assurance Committees)** are accountable to NHS England for meeting performance targets. The Trust Board:

- sets the level of ambition and communicates these goals widely.
- understands which services are performing well and which require improvement.
- creates an environment of appropriate challenge and holding to account.
- understands current and future challenges and plans for those.

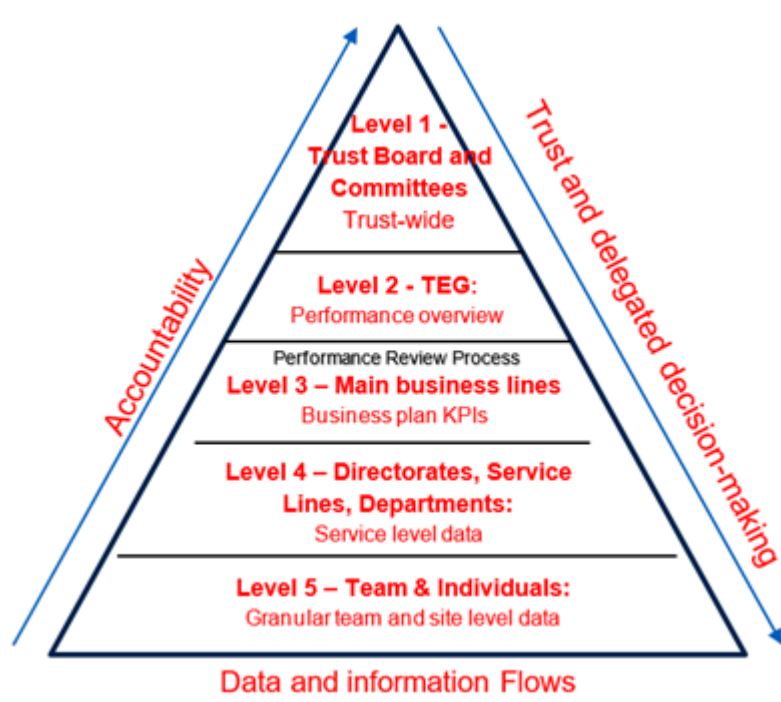
The **Trust Executive Group (TEG)** is accountable to the Board for meeting clinical, quality and performance targets. TEG is formally designated as the

Trust's senior operational decision-making body. TEG oversees the delivery of the Trust's clinical, operational, workforce and financial objectives.

Each of the **main business lines (AandE Operations, Remote Patient Care and Patient Transport Services)** are accountable for performance in their areas, particularly the delivery of their elements of the annual Business Plan as well as national, local and contractual standards and targets. In addition, each of the main **corporate areas** (e.g. People and Organisational Development, Clinical, Quality, Finance and Estates Directorates and ICT) are accountable for delivering their elements of the Business Plan and supporting and enabling the operational performance. Performance is assured through **Performance Review and Improvement** meetings (see 2.3 below) and reported to TEG, Board Assurance Committees and to the Board.

Other **directorates, department and teams** are responsible for the delivery of, or contribution to, national, local and contractual standards and targets. They are accountable to the relevant Trust management group (e.g. the Operational Leadership Group, People and Culture Group).

All **staff** have clearly defined roles and objectives linked to the organisational goals. Regular feedback and appraisal ensures individual performance aligns with these objectives.



2.2 **Setting performance expectations**

Performance expectations are set out in the Trust's business planning process which follows an annual cycle. The annual planning cycle aligns with the NHS England planning guidance which provides nationally defined timeframes and performance trajectories, as well as ensuring the Trust business plan incorporates ICB requirements. The annual process is set out in Appendix 2.

2.2.1 **Annual Business Planning Process**

The annual planning process is designed to set clear accountability and governance arrangements for directorates, services, teams and individuals. This brings together the development, delivery and review of the Trust Strategy, the development of the externally facing Strategic Business Plan and the internally facing Operational Objectives and Business Plan. Core components and interdependencies include alignment to financial planning, including cost improvement programmes and efficiencies, workforce planning and operational performance. Delivery assurance and accountability is then provided by the Performance Review and Improvement process. Each of these elements is described below.

Trust Strategy

The 2024-29 Trust Strategy, set out four bold ambitions that drive YAS actions and outcomes over the next five years: Our Patients, Our People, Our Partners, Our Planet and Pounds.

Work to review and evaluate the delivery of the Trust Strategy is ongoing, with continuous engagement and feedback from teams internally, and partners externally, aligned to the performance and assurance process to ensure delivery is on-track.

The Trust Strategy provides a road map for setting the Trust Annual Business Plan, the four bold ambitions and strategic aims of the strategy providing a clear framework for developing the annual business plan to demonstrate and plan how we will make progress to deliver the ambitions set out in the strategy each year.

Annual Business Planning Process

The Trust's annual planning cycle aligns with the NHS England yearly planning guidance and national tasks/objectives that should be delivered to nationally defined timeframes and trajectories. The output of the annual planning cycle is the development of an externally facing Strategic Business Plan and internally facing Operational Objectives and Business Plan.

The purpose of the Strategic Business Plan (externally) is to provide assurance of YAS' plans to NHSE to deliver the priorities in the national planning guidance and national objectives for the financial year. The Strategic Business Plan

provides workforce and performance assumptions for each operational service which consider the variables which deliver performance, and the improvements YAS can make to support performance, with an aligned workforce and financial plan.

The annual business planning cycle is the vehicle by which the YAS agrees its strategic objectives year on year, which align to nationally set key performance metrics and system-wide activity. Directorates set out how they will deliver the Trust agreed strategic priorities and performance improvement through workstreams, with key milestone and metric driven plans, including identifying efficiencies, which support the delivery of the Business Plan monitored and reported on a quarterly basis.

Project and delivery assurance is provided through the Project Management Office, supporting the delivery of key programmes and projects in the annual business plan and monitored and reported into the performance review and improvement meetings as described below in section 2.3.

The output of the annual planning cycle is the development of an externally facing Business Plan shared with ICB partners and NHSE, and an internally facing Business Plan which is shared Trust-wide with directorates and teams to ensure awareness and delivery.



2.2.2 Performance Metrics

YAS uses several categories of Key Performance Indicators (KPIs) that holistically measure operational, clinical, workforce, finance and patient and staff satisfaction metrics, including but not limited to:

- **Operational KPIs:** Response times (Category 1-4), handover times, and resource availability.
- **Clinical KPIs:** Survival rates for out-of-hospital cardiac arrests, ST-Elevation Myocardial Infarction (STEMI) care, stroke care, and treatment accuracy.
- **Patient-Centred KPIs:** Feedback surveys, patient safety incidents, and patient complaints resolution.
- **People related KPIs:** Absence rates, appraisal and training compliance, recruitment and retention.
- **Service Specific KPIs:** to support operational service delivery, improve staff experience and patient care e.g. fleet availability, ICT response, training and development.
- **Finance KPIs:** to support budget management, efficiency, cost improvement programmes and vacancy factors, where appropriate.

2.2.3 Staff Performance and Development

The PMF and performance approach taken emphasise the importance at all levels across the Trust, including that of individual and team performance.

YAS Together is integral to how we embed the cultural change that will support performance improvement at Trust and individual level. The five pillars are woven into the appraisal process to support and shape how we deliver our objectives. Elements of YAS Together such as Talent Management and Succession planning will support identification of any training and development that will give colleagues and teams the required skills and knowledge to deliver their performance objectives.

Managers set clear objectives during annual appraisals that align to the agreed targets and business planning priorities and ensure that staff are supported with appropriate training and development.

- **Appraisals:** Annual appraisals are conducted to review individual performance, and Personal Development Plans (PDPs) are used to enhance skills.
- **Training and Supervision:** Continuous professional development (CPD) programmes and clinical training and supervision are provided to maintain high standards of patient care.

To support the PMF the Trust ensures that colleagues at every level in the Trust are supported to deliver and improve quality and performance through the availability of good improvement tools and techniques, through the Quality Improvement Enabling Plan.

2.3 Performance Review and Improvement meetings

A key element of the Performance Management Framework is the Executive-led

Performance Review and Improvement meetings held monthly across operational services and quarterly across corporate and support services. These are formal meetings that support the Trust to:

- monitor and report performance information.
- identify performance challenges and improvement opportunities.
- implement recovery / remedial actions to address performance challenges.

The meetings review the Business Plan and other agreed objectives through a supportive and collaborative performance management discussion to understand, challenge and improve performance and actions. The meetings are chaired by the Deputy Chief Executive and attended by Executive Directors.

The Executive-led performance review and improvement meetings follow a standard format, utilising regular reports and metrics aligned with the Business Plan. At each session, the Executive lead or SRO accountable for the relevant area of performance prepares an exception commentary in advance of the meeting, detailing the reasons for any under-performance and recovery actions. The plans are discussed and challenged by attendees and follow-on actions are agreed, through a supporting action log.

The outputs of Performance Review and Improvement meetings, including escalations where required, are reported to TEG and the appropriate Board Assurance Committee, to ensure a single report, a 'single version of the truth' that reflects the holistic nature of discussions and agreed actions across all performance elements – service delivery, clinical, quality, workforce / people and finance. The Terms of Reference are in Appendix 3.

2.4 Reporting

The Trust has a wide-ranging set of performance and assurance reports to support monitoring, identifying performance challenges and improvement opportunities, and assessing the effectiveness of recovery actions to address performance challenges.

These reports comprise solely data-based reports and those which include a narrative around performance and related actions. These reports are designed to support the golden thread from the Board through to managers and individuals, with consistent linking to the Trust's Business Plan priorities and the use of common metrics and presentation. Some of the key regular reports are described below with further detail provided around the various levels and range of reporting in Appendix 1.

The Trust's **Integrated Performance Report (IPR)** provides a summary of the key performance indicators across 999, Remote Patient Care and PTS operational areas, as well as providing data and commentary on workforce, finance, clinical, fleet and estates. The IPR is issued to the Trust Board monthly,

highlighting key areas of success or concern and actions taken to address the issues.

In 2025/26 the IPR will move to being a data-only report, incorporating the business plan indicators used in the performance management process, with the “So what” picked up as part of the output of the performance review meetings, as well as in the quarterly Business Plan report (see below), and through regular reporting to the Board as part of the Operational Assurance Report, the Financial Performance Update and the regular reporting from the Board Assurance Committees (in particular the Finance and Performance Committee).

The **Business Plan Performance Report** is produced quarterly for scrutiny and assurance by TEG, Board Assurance Committees and the Board on the progress of the annual strategic priorities of the business plan through delivery of identified workstream metrics and milestones, detailed in mandates that ensure delivery, enable progress to be tracked, and mitigations to be identified at an early stage to ensure targets and benefits are realised and maximised.

The **TEG Trajectory Report** and associated narrative in the **Business Plan Report** underpins the Performance Review and Improvement process. The Trajectory Report includes both key output (e.g. call demand, Cat 2 performance) and input (e.g. deployed ambulance hours, workforce numbers) measures, while the narrative business plan report describes the key priorities, aligned to the Business Plan, and the actions being undertaken to maintain or improve performance.

2.5 **Ensuring a Trust-wide Standardised, Holistic and Aligned Performance Approach**

A standardised performance management framework (PMF) and governance process is to be implemented at all levels below tier 2 (in Figure 1) to improve the effectiveness, transparency, and consistency of performance management processes, driving improvements, delivery of key priorities and better outcomes for patients, whilst ensuring alignment with strategic objectives.

The standardised approach to performance management meetings below Tier 2 to ensure alignment across directorates and effectiveness includes:

- **Standardised Meeting Structure:** Implement a clear governance framework for performance reviews, with defined meeting frequency, ensuring effective performance discussions and escalation pathways, enhancing accountability and reporting transparency.
- **Governance and Accountability:** meetings that discuss performance have clear Terms of Reference, defined roles, structured agendas, data-driven decision-making, clarity of effective improvement actions and formal escalation mechanisms to improve oversight.

- **Standardised Performance Measures:** Each directorate to define key performance metrics aligned with strategic priorities, as discussed in the performance improvement meetings.
- **Embed an integrated performance management framework** that aligns service delivery, clinical, quality, workforce / people, and financial performance for a holistic approach to monitoring and improvement.
- **Quality Improvement (QI) Embedded:** Better understanding of how performance issues are identified, actions developed and implemented is required to ensure a data-driven and intelligence-led organisation where QI approaches are embedded to supporting improvements in priority areas and a culture of ‘doing the job and improving the job’ is created ensuing ‘leadership from every seat’.

2.6 Risk Management

YAS integrates risk management within the PMF. Risk Registers document and review risks at different organisational levels. Strategic risks are detailed in the Board Assurance Framework (BAF), supporting Board oversight and review of risks. Corporate risks are the risks to delivery of the business plan, and operational risks are addressed locally and support / escalated through the Executive Group (TEG). Risks that may affect performance are identified and mitigated through the following:

Meetings

- **Performance Review and Improvement Meetings:** the monthly/quarterly Executive-led review meetings.
- **Performance Meetings in Directorates / Teams** (below Tier 2, and discussed as per process detailed as above).

Processes

- **Incident Reporting Systems:** to monitor and act upon adverse events, ensuring timely corrective actions.
- **Audit Processes:** regular clinical and operational audits to identify areas for improvement.

2.7 **Support to implement effective Performance Management**

2.7.1 Quality Improvement (QI)

Performance management is central to enabling continuous improvement in delivering quality, efficient and patient-focused services through a cycle of the Plan-Do-Study-Act (PDSA) model (aligned to the YAS Quality Improvement (QI) enabling plan).

Where performance issues/challenges are identified, but both issues and solutions are unclear, the QI team and methodologies support teams to identify and understand drivers of underperformance and develop effective solutions using QI approaches.

The PMF is supported by a **Trust-wide improvement culture** where Quality Improvement (QI) approaches are embedded will support better identification of performance issues, action development and implementation ensuring a data-driven and intelligence-led organisation, as described above.

2.7.2 **Programme Management Office (PMO)**

The PMO team supports development, delivery and assurance of key programmes and projects in the annual business plan. The team supports the whole project life cycle from inception, to developing workstream metrics and milestones, delivery plans, supporting actions, benefits realisation and transition to BAU and project closure.

The team supports the PMF across all levels in the Trust to ensure monitoring and reporting of performance information, identification of performance challenges and improvement opportunities, and effective implementation of recovery actions to address performance challenges to ensure benefits are realised and maximised.

3. **Review and Future Development**

This PMF will be reviewed annually by the Trust Executive Group (TEG) and reported to the Board. The annual review will be based on internal Trust considerations, examples of learning and best practice identified from internal and external sources, and / or any relevant changes in national policy or guidance.

The framework may be updated as and when required to adapt to changes in the local, contractual and regulatory position regarding performance management.