

## Integrated Accountability Framework

**Public Board**  
**28 May 2026**

<b>Presented for:</b>	Information
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<b>Previous Committees:</b>	None

<b>Link to Strategic Objective</b>	Focus on care quality, effectiveness and patient experience
<b>Link to Provider Capability Assessment</b>	Governance, risk and regulatory
<b>Link to CQC Well-led Statement</b>	Governance, Management and Sustainability
<b>Regulatory Impact</b>	Regulation 17: Good governance

<b>Freedom of Information Act (FOIA) Exemption</b>	<input type="checkbox"/> <b>YES</b> (restricted from the FOIA) <input checked="" type="checkbox"/> <b>NO</b> (available to the public under the FOIA)
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<b>Key points</b>	<b>Purpose</b>
1. To introduce the Trust's Integrated Accountability Framework (IAF) for 2026 (Appendix 1)	Information
2. To provide a consistent, transparent approach to performance management from ward to Board	Assurance
3. To set clear expectations for accountability, escalation, and support across clinical services	Assurance

<b>Risk Appetite Framework</b>			
<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Operational Risk	Business Continuity Risk - We will develop and maintain stable and resilient services, operating to consistently high levels of performance.	Cautious	Operating Within
Clinical Risk	Capacity Planning Risk - We will ensure that capacity is planned to meet the demand for elective and non-elective (acute) admissions to our hospitals, managing this risk to provide safe treatment and care to our patients.	Cautious	Operating Within
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating Within

## **1. Summary**

This paper introduces the Integrated Accountability Framework (IAF) for Leeds Teaching Hospitals NHS Trust. The development of this framework responds to feedback from the Care Quality Commission, which identified a need to strengthen clarity of accountability and organisational assurance.

The IAF provides a single, coherent framework for managing performance across the Trust's four domains: quality and safety, operational delivery, workforce, and finance. It establishes clear expectations for accountability at all levels and introduces a more structured and consistent approach to escalation and oversight through Integrated Accountability Meetings.

The Board is asked to note the framework, which is presented in full at Appendix 1.

## **2. Proposal**

The IAF establishes a standardised approach to performance oversight, including clear "ward to Board" accountability arrangements, defined escalation triggers, and structured oversight through Integrated Accountability Meetings. It aligns performance, assurance and targeted support to enable more timely identification and management of risk.

The detailed framework is provided as an appendix.

## **3. Quality and Performance Implications**

The introduction of the IAF is expected to strengthen oversight and delivery across all performance domains by improving the consistency of performance conversations, supporting earlier identification of risks, and enabling more effective and timely recovery planning.

## **4. Financial Implications**

There are no direct financial implications associated with the introduction of the framework. However, it is expected to support improved financial control through clearer accountability arrangements and strengthened performance oversight.

## **5. Risk**

The IAF supports and strengthens existing governance and risk management arrangements by providing clearer escalation routes and improved organisational oversight. There are no material changes to the Trust's risk appetite.

## **6. Communication and Involvement**

The IAF has been developed in collaboration with clinical and corporate colleagues across the Trust. Its implementation will be supported through structured engagement with Clinical Service Units and leadership teams to ensure understanding, ownership and effective adoption.

## **7. Improving Health Equity**

There are no direct impacts arising from the framework. However, by strengthening performance oversight and accountability, the IAF will support improved access, outcomes

and experience for all patient groups, including those experiencing the greatest health inequalities.

#### **8. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000.

#### **9. Recommendation**

The Board is asked to note the Integrated Accountability Framework.

#### **10. Supporting Information**

Appendix 1 – Integrated Accountability Framework

## Appendix 1 – Integrated Accountability Framework

# Integrated Accountability Framework (for Performance Management)

## 1 Introduction

- 1.1 Leeds Teaching Hospitals NHS Foundation Trust (the Trust) acknowledges the need for an Integrated Performance Framework to facilitate the provision of healthcare and the activities associated with the treatment and care of patients, employment of staff, maintenance of premises and managing finances.
- 1.2 Management of performance is essential to delivering high quality care.
- 1.3 This Board-approved framework provides the mechanism of assuring delivery of the four pillars of organisational effectiveness:
  - Quality & Safety
  - Operational Delivery
  - Workforce sustainability and wellbeing
  - Financial control

**A) Upward (ward to board') accountability** is defined within this framework as:

  - Commitment to the delivery of organisational objectives
  - An understanding of the specific expectations of a managerial role and commitment to the delivery of these including:
    - o business-as-usual
    - o service improvement activity, medium- and long-term service planning.
    - o the management of unexpected or disruptive events
  - Continuous monitoring of service effectiveness and solution finding.
  - Timely and reasoned escalation as necessary

**B) Downward (board to ward') accountability** is a central component of NHS leadership. It is defined within this LTHT Integrated Accountability Framework as:

- The setting of clear, relevant, reasonable, measurable (where possible) expectations and performance criteria.
- The delivery of targeted support if required

**C) Accountability, assurance, and psychological safety**

- 1.4 Organisational performance cannot be assured without a culture supportive of openness and honesty at all managerial levels and an understanding of the significant challenges to staff associated with system uncertainty and change.
- 1.5 Accountability conversations must be conducted collaboratively in an atmosphere of psychological safety. This does not preclude the undertaking of difficult conversations where expectations have not been met.
- 1.6 Visible and compassionate leadership, the creation of safety within uncertainty, role modelling, transparency and fairness are essential. While the fostering of these values and behaviours lies outside the scope of the framework described in this document, their fundamental importance in the delivery of operational accountability should not be underestimated.

## 2 Organisational Structure

- 2.1 Within LTHT, the organisational structure is designed around Clinical Service Units [CSUs].
- 2.2 Each CSU represents a collection of reasonably circumscribed and interrelated specialties and disciplines. A CSU is managed by a Tri-team consisting of a Clinical Director (who bears ultimate responsibility for the CSU's performance), a General Manager and a Head of Nursing or Head of Profession.
- 2.3 Organisational structures *within* each CSU vary but frequently consist of smaller teams of colleagues responsible for the management of specialty and subspecialty services within each CSU.
- 2.4 CSUs report to board and executives via several mechanisms as described in standard Trust Governance.

### 3 Purpose

- 3.1 The purpose of the Framework describes the:
  - Structures and processes by which CSU accountability to the board and to executives is assured
  - mechanisms for escalation of issues and risks from Tri-teams to board.
  - structures and processes by which organisational expectations and performance criteria are communicated with Tri-teams
  - mechanisms by which targeted support and recovery planning can be delivered to Tri-teams
- 3.2 By outlining these structures and mechanisms, the framework will support the board and executive team in making an integrated assessment of CSU (and therefore organisational) performance across the four domains of quality and safety, operational delivery, workforce sustainability and wellbeing, financial control.
- 3.3 In addition, the framework provides the overarching principles and details the structures and standards required for the management of risk across the Trust.
- 3.4 Its key objective is to support managers and staff in the management of performance to ensure that the Trust is able to effectively deliver its objectives.
- 3.5 It clarifies accountability arrangements for the management of performance within the Trust from 'Ward / Department to Board'.
- 3.6 The Framework outlines clear reporting arrangements and describes how performance is reported through the Trust's governance structure and how the effectiveness of performance management is monitored.

#### A) Principles

- All staff employed by LTHT must have a clear understanding of how they contribute to delivery of Trust objectives
- At all managerial levels, clarity of roles and clear expectations are essential
- Transparency requires that expectations and commitments are documented in writing within approved framework documents and are available for review
- Quality, operational delivery, workforce issues and financial control are frequently interdependent and should not be considered in isolation
- Standard work and improvement activity are different but equally important components of long-term organizational effectiveness
- Accountability is held at the lowest appropriate level (Tri-team/Director tri-team) and escalated by exception

- Information rich data is used allowing focus on insight, narrative and corrective action rather than it being data heavy with no business intelligence

## 4 Scope and exceptions

This policy applies to:

Setting	Trust-wide
Individuals	All staff including contractors, volunteers, students, locum and agency staff and staff employed on honorary contracts.
Speciality	Trust-wide

### A) Key Performance Indicators

- 4.1 The performance metrics that form the Trust Integrated Performance Report will also form the central metrics set for discussion at IAM meetings
- 4.2 Local metrics will be defined for directorates where appropriate to ensure that performance conversations are relevant to directorate priorities.
- 4.3 CSU performance is considered through the four integrated domains described above in the introduction
- 4.4 A set of detailed component metrics has been described within each domain. These are described below:

Standard	Metric
Referral To Treatment	Total Incomplete Pathways remaining
Referral To Treatment	52W Breach Backlog Remaining
Referral To Treatment	Total Incomplete Performance
A&E Standards	% of patients managed in under 4 hours in ED
A&E Standards	12 hour admitted (DTA)
Cancer	Proportion of urgent referrals to receive a definitive diagnosis within 4 weeks
Cancer	Proportion of patients treated for cancer within 62 days of referral
Diagnostics	6 Week Wait

<b>Activity</b>	Inpatient Elective
<b>Activity</b>	Inpatient Elective Daycase
<b>Activity</b>	Outpatient First Appointment
<b>Activity</b>	Outpatient Follow-up Appointment
<b>Workforce</b>	Local Induction
<b>Workforce</b>	AfC Appraisal
<b>Workforce</b>	Rolling 12-month sickness absence
<b>Workforce</b>	Voluntary turnover
<b>Workforce</b>	Total FTE worked compared to establishment

- 4.5 Some component metrics will be less relevant for some CSUs (for example 18 week wait performance will have little relevance for CSUs with little or no outpatient activity such as radiology or pathology). Some component metrics will be common to many or all CSUs (e.g., financial control domain component metrics).
- 4.6 RAG scores have been described to define CSU performance targets against the chosen core component metric. Again, these RAG scores and the performance indicators informing them should be co-created with CSUs. The prespecified core metrics and their associated RAG scoring system should be documented in writing.
- 4.7 An example scoring grid is provided in Appendix 1.
- 4.8 Domain performance will not be assessed solely on core component metric RAG scores (to avoid a McNamara fallacy). Qualitative and narrative information is equally important, and assurance of CSU and wider organizational effectiveness cannot be presumed solely based on a reassuring set of RAG scores.
- 4.9 It is expected that CSUs will maintain oversight of core component (and other) metrics, manage them when they deviate, escalate when necessary and contribute to narrative and qualitative assessment of performance. This expectation is the fundamental component of CSU accountability.



- 4.10 Oversight of these metrics will necessarily require delegation and cascaded accountability and expectation within CSUs (appendix 2). Tri-teams are responsible for the management of these processes, structures and relationships within their CSU.
- 4.11 The board executive team and medical directorate will support CSU Tri-teams by ensuring domain and component metric expectations and priorities are clear, by providing advice and by offering targeted support if necessary.

## **5 Plans**

- 5.1 All CSUs will have in place a capacity plan that delivers the contract target and links directly to their financial plan. The capacity plan will be developed 'bottom up' in line with the business planning cycle and co-ordinated across dependent specialties (e.g. Theatres, Pharmacy, Radiology, Pathology).
- 5.2 On an annual basis, CSUs will be asked to deliver a plan on the page that will describe key priorities for the coming year.
- 5.3 Where services are not delivering key performance standards, CSUs will have clear plans in place with delivery milestones that recover performance.

### **A) The Integrated Accountability Meeting**

- 5.4 The process by which CSUs communicate with the board, executive teams and the director tri-team is via Integrated Accountability Meeting [IAM] structure.
- 5.5 IAMs will be held bi-monthly with each CSU (i.e., every two months). Where there are specific domain issues, IAMs may be scheduled monthly as agreed between the IAM chair and the Tri-team.
- 5.6 Summaries of CSU performance informed by performance against the pre-specified component metrics will be created bi-monthly before each IAM.

- 5.7 IAMs should review data and narrative information relating to each domain to assess historical performance but should also create explicit, written (ideally SMART) expectations for CSU performance against these domains and their component metrics for the next 6 months.
- 5.8 Following the IAM, a brief CSU report will be created by the IAM chair and forwarded to executives.

## 6 Escalation framework, oversight and CSU support – IAMs

### A) The IAM Conversation:

- 6.1 The IAM will occur bi-monthly. Where CSU performance is challenged, additional senior oversight, performance management and support may be required with IAMs moved to monthly.
- 6.2 Suggested increased oversight, performance management and support and triggers for this are documented in the following table though this should not be considered proscriptive.
- 6.3 The level of oversight, its focus and cadence and expected CSU actions arising will be agreed at the IAMS meeting.

#### 6.4 Escalation levels

Description	Aim and actions
<b>Escalation level 0</b>	
<p><b>≥10* component domain scores green.</b></p> <p><b>All trajectories improving or static.</b></p> <p><b>No narrative risks identified</b></p>	<p><b>Aim: Maintain performance.</b></p> <p><b>Action: Innovate and improve</b></p> <p>No additional support is required. CSUs can choose to escalate issues or risks to performance to Director tri-team, ADOF and HRBP by exception in the interval between bi-monthly IAMs.</p>
<b>Escalation level 1</b>	
<p><b>&lt;10 component domain scores green and ≤5 domain scores red.</b></p> <p><b>No trajectories deteriorating.</b></p>	<p><b>Aim: Deliver recovery, strengthen assurance</b></p> <p><b>Action: Prevent deterioration</b></p> <p>IAMs moved to monthly accountability meetings with Director tri-team, ADOF and HRBP. Targeted improvement support.</p>

<p><b>Some narrative risks identified but CSU has clear plans to manage.</b></p>	<p>Expectation of development of plans to mitigate performance challenges.</p>
<b>Escalation level 2</b>	
<p><b>&lt;10 component domain scores green and &gt;5 domain scores red.</b></p> <p><b>Single deteriorating trajectory.</b></p> <p><b>Complex or challenging narrative</b></p> <p><b>Risks identified requiring sustained and longer-term improvement planning.</b></p>	<p><b>Aim: Stabilize and recover performance</b></p> <p><b>Action: Address underlying or systemic issues</b></p> <p>Monthly minuted executive-led review meetings with Director tri-team, ADOF and HRBP.</p> <p>Increased frequency of oversight reviews. Expectation for Director tri-team, ADOF and HRBP to explicitly demonstrate the CSUs understanding of performance challenge and to present urgent plans mitigate.</p> <p>Director tri-team, ADOF and HRBP to escalate systemic blocks to improvement, to the executives.</p>
<b>Escalation level 3</b>	
<p><b>≥10 component domain scores red or ≥2 trajectories deteriorating.</b></p> <p><b>Multiple complex narrative risks</b></p> <p><b>Leadership failure or exhaustion.</b></p> <p><b>No CSU insight or planning to mitigate.</b></p>	<p><b>Aim: Urgent improvement to sustainable recovery.</b></p> <p><b>Action: Mitigate urgent patient safety, operational, workforce or financial risks.</b></p> <p>Executive level meeting with the CSU tri-team to support the development and delivery of improvement in the targeted areas.</p> <p>Appointment of a dedicated improvement leads from corporate services to support this.</p> <p>Monthly (or more frequent) review meetings with urgent improvements, trajectory development and milestone reporting.</p>

*\*Assumes 16 key component domains scores are assessed – i.e., 10 of 16 are green in Escalation Level 0.*

6.5 In addition, escalations and / or bespoke additional CSU support may be agreed at an IAM (or by exception between meetings) in the following (or similar) circumstances (this list is not exhaustive).

- Identification of material risks to patient safety or quality where immediate assurance and action is required including those arising from:
- Workforce risks (e.g., sustained high vacancy, high agency reliance, industrial action and workforce relationship issues)
- Capital investment, estates, and facilities issues.

- National alerts and enquiries
- External investigations or reviews
- Failure to deliver agreed recovery milestones, or repeated slippage without credible mitigations.
- Operational delivery failure against key standards where impact is significant or persistent or where external stakeholder and system partnership working is required for mitigation.

## B) Key Activities

6.6 The table below sets out the proposed 'business as usual' key activities in place to monitor performance across each directorate.

**Table 1 – Key Performance Monitoring Activities**

Timescale	Activity	Purpose
<b>Annual - Quarter 1</b>	Trust Executive Group to undertake a performance and assurance review of each directorate	To review current performance and assess team capability for delivery in the forthcoming year. This outcome of this exercise establishes the baseline performance assessment of each directorate.
<b>Bi - Monthly – Level 1 CSUs</b>	Director tri-teams, ADOF and HRBP to meet with  CSUs rated as 'Standard' in the Performance and Accountability Assurance Framework	To confirm expected performance is being delivered, ensure oversight of CSU accountability for CSUs not in escalation.
<b>Monthly – Level 2 CSUs</b>	Director tri-teams, ADOF and HRBP to meet with CSUs rated as 'Watching Brief' in the  Performance and Accountability Assurance Framework	To ensure that performance is as expected and plans for service delivery are in place. To highlight areas of risk, update plans, confirm level of escalation and report this to Board for Trust Executives as required
<b>Monthly – Level 3 CSUs</b>	Executive team to meet with Director tri-team (CEO to join quarterly) rated as 'Highest  Priority' in the Performance and Accountability Assurance Framework	To review and understand CSU specific issues, improvement plans and ensure the correct level of service  improvement and organisational development support is in place for the domain issues.
<b>Monthly – Level 4 Services</b>	Executive team meet  with CSU tri-teams rated as 'Improvement Required'	To support the development and delivery of improvement in the targeted areas for improvement. Supported by dedicated resource from corporate services

<b>Quarterly</b>	Report to TEG on key themes from previous quarter, agreement of new local metrics.	To review performance metrics particularly with regards to progress against activities and financial plans - triangulating with the accountability framework metrics, feedback from, and triangulation with, broader Executive colleagues' interactions with directorates, and risks identified across wider strategic aims.
<b>Annual - Quarter 3/4</b>	Business plan review meeting with Executive team, Corporate Services and CSUs	The Primary purpose of this activity is to review the business plan with CSUs. The session ensures that directorates are aware of national and local imperatives and where necessary it ensures that the plans take account of areas where standards still need to be met.

### C) Agreeing the Performance Baseline

6.7 TEG has agreed on the need to distinguish between performance and assurance in the following way:

- **Performance** - a retrospective measure of the extent to which a CSU has achieved the agreed and pre-determined targets against metrics outlined in the monthly performance and accountability framework, across the 4 pillars of organisational effectiveness of the organisation.
- **Assurance** - a prospective measure of the level of confidence by the Executive Team in the plans, operational arrangements and leadership throughout the CSU.

6.8 On an annual basis, TEG will score each CSU: the performance scores are assessed on the performance and accountability framework with the assurance scores based on the following five factors:

- A talented triumvirate that plays to individual strengths as well as operating as a team.
- Good collective and individual understanding across the leadership teams of what is driving current performance.
- A clear diagnosis that is shared throughout the CSU of the key challenges in the year(s) ahead.
- Confidence in systems, processes and structures to deal with unanticipated events.
- A robust plan that has been subject to wide engagement both within the CSUs and beyond and has comprehensive ownership.

The scoring assessment matrix rates each of the CSUs into one of the four following categories:

Unified Level	Definition	Meeting cadence	Support
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<b>Level 1</b>	Standard	Bi-monthly IAM	Light touch
<b>Level 2</b>	Watching Brief	Monthly IAM	Targeted support
<b>Level 3</b>	High Priority	Monthly exec review	Intensive
<b>Level 4</b>	Improvement Required	Dedicated improvement structure	Corporate intervention

- 6.9 The CSU performance and assurance rating will determine the level of intensity of performance management activities that are required. The performance and assurance scores will be formally reviewed by TEG on an annual basis and the thresholds for the three levels will be re-calibrated to reflect changes to both the internal and external context.

#### **D) Setting Clear Expectations**

- 6.10 Following the categorisation of each of the CSUs into one of the four levels, a discussion will take place to agree the level of intervention and support that is required in addition to the ‘business as usual’ activities. It is at this stage that coordinated organisation development and PMO/Service Improvement support will be identified and secured.
- 6.11 Level 1 of the IAM will comprise of minimal levels of intervention with bi-monthly light touch reviews with the Director tri-teams, ADOF and HRBP meeting with the CSU and ensuring that they continue to be on track with performance delivery. The CSU will play a key role in performance managing its own activities and providing assurance that plans and processes are in place to maintain performance. These CSUs will be supported by the Chief Operating Officer’s team and the PMO/Service Improvement team with innovation and development plans as appropriate.
- 6.12 CSUs with a Level 2 rating will be required to describe plans to deliver and maintain performance improvement in a monthly meeting with the Director tri-teams, ADOF and HRBP. The performance and accountability assurance framework for management will be agreed including improvement trajectories as required. Operational processes will be reviewed through a monthly meeting to provide assurance that these will support effective performance improvement. Areas of risk that are highlighted will be discussed and levels of escalation will be confirmed before this is reported to Board for the trust executives as required.

- 6.13 Level 3 rated CSUs will require an executive team meeting with the Director tri-team, ADOF and HRBP to review and understand the specific issues within the CSU, the improvement plans that are in place and ensure that the correct level of service improvement and organisational development support is in place to address the issues, in addition to progress against plans in place already and detail the next stage of milestones to be achieved and how this will be undertaken. Consideration should be given to rotating the Chair to encourage different lenses for reviewing performance and priority of focus.
- 6.14 Level 4 rated CSUs will meet monthly with Executive colleagues through an improvement structure to support the development and the delivery of the improvement that is required to bring back to the delivery position. This will be supported by a dedicated resource from the corporate services to ensure delivery of the improvement plan.
- 6.15 At levels 2 - 4, the full CSU tri-team, Director tri-team, ADOF and HRBP are expected to engage in the IAM discussion and are expected to fully participate in the process to support other CSU colleagues deliver and to represent Executive leads as and when required.

#### **E) Escalation and De-escalation**

- 6.16 The IAM quarterly update will identify CSUs for escalation or de-escalation based on the previous quarter's performance. Ratings can be changed outside of this process by exception only and in agreement with Director tri-team and Executive team.
- 6.17 Levels of performance intervention will be reviewed on an annual basis through the performance annual review process. This process will determine the starting position for the CSU in that current year and identify the key areas of performance focus for the coming year.
- 6.18 For CSUs in Level 3 and 4, clear exit criteria for that level will be described to enable progress to be tracked and opportunity to be sighted on the steps contributing to de-escalation.

### **7 Roles and responsibilities**

- 7.1 To underpin delivery of this Framework, clear responsibility and accountability arrangements need to be embedded within the organisational structure of the Trust.
- 7.2 Responsibilities of key committees / groups and staff are outlined below:

Role	Responsibilities
<b>Trust Board</b>	Set strategy. Assess organisational assurance. Ensure risks to strategy delivery are mitigated.
<b>Board Committees</b>	Provide oversight and challenge for quality, performance, workforce, and finance within delegated remits. Provide support and challenge for CSUs in Level 3 escalation.
<b>Trust Executive Team</b>	Accountable for delivery of Trust objectives Allocates support and controls. Receives and reviews CSU IAM reports
<b>Integrated Accountability Meeting (IAM) group</b>	Triangulate pillar intelligence and validate CSU ratings. Agree CSU escalation level and support required. Agree escalation actions and recommendations and monitoring CSU delivery of these. Collates IAM CSU report for executives. Escalate by exception to executives. Agree pillar component metrics with CSUs.
<b>CSU Tri-team</b>	Own and deliver CSU plans and delivery. Deliver internal governance. Provide data and narrative to support domain assurance to IAM team. Agree pillar component metrics with IAM team. Understand, manages (and escalates if appropriate) risks to performance. Deliver recovery actions
<b>Corporate teams</b>	Provide expertise and recovery planning support if necessary. Provide challenge to CSUs against agreed metrics if necessary. Run escalation meetings. Provide support for systemwide improvement and liaison and co-working with other system partners (e.g., local authority, ICB, NHSE, third sector organizations)
<b>Performance team and informatics</b>	Provide data for component pillar metrics for CSUs. Support IAMs and escalation meetings with data. Create action log for escalation meetings.



**A) Monitoring and review**

7.3 The effectiveness of this Framework will be monitored via:

- Executive review of escalation effectiveness
- internal audit reviews of controls and assurance processes
- committee and Board feedback
- periodic evaluation of whether escalation levels are calibrated appropriately.

7.4 The Framework will be reviewed every three years (or earlier if required due to organizational or regulatory change).

**B) Provenance**

- Chief Medical Officer
- Chief Operating Officer
- Medical Directors for Operations
- Directors of Operations
- Directors of Corporate Nursing

**8 Monitoring**

Standard, process or issue to be monitored	Monitoring method	Monitored by	Reported to	Frequency
Implementation of the Integrated Accountability Framework	Internal Auditor's report on the effectiveness of the system of internal control.	COO	TEG	Quarterly

**9 Definitions**

Term	Description
<b>Assurance</b>	is the means by which the Trust (Board of Directors, TEG, Director tri-teams / CSU tri-team) knows that the controls designed to manage / mitigate risks are effective and being properly implemented.
<b>Performance</b>	A retrospective measure of the extent to which a CSU has achieved the agreed and pre-determined targets against metrics outlined in the Integrated Accountability Meeting report (IAM), across the 4 pillars of organisational effectiveness in the organisation.
<b>Accountability and Performance Framework</b>	Supports the mechanism for proactively monitoring and assessing risk and control at the very highest level and seeks to provide assurance that there is effective management of key risks to the delivery of the Trust's strategic objectives

## 10 Appendices

### Appendix 1: Domain Trajectories Against Component Metrics

Standard	Metric	Trust Submission Trajectory
Referral To Treatment	Total Incomplete Pathways remaining	87282
Referral To Treatment	52W Breach Backlog Remaining	1359
Referral To Treatment	Total Incomplete Performance	66.8%
A&E Standards	% of patients managed in under 4 hours in ED	79.8%
A&E Standards	12 hour admitted (DTA)	0
Cancer	Proportion of urgent referrals to receive a definitive diagnosis within 4 weeks	N/A
Cancer	Proportion of patients treated for cancer within 62 days of referral	N/A
Diagnostics	6 Week Wait	N/A
Activity	Inpatient Elective	0
Activity	Inpatient Elective Daycase	0
Activity	Outpatient First Appointment	0
Activity	Outpatient Follow-up Appointment	0
Workforce	Local Induction	75.0%
Workforce	AfC Appraisal	85.0%
Workforce	Rolling 12-month sickness absence	5.1%
Workforce	Voluntary turnover	7.0%
Workforce	Total FTE worked compared to establishment	101.0%
Workforce	Percentage of temporary staff spend (OT/ Bank / Agency/Additional Sessions) as a % of total staff spend	0.0%
Finance	Forecast v Control Total	0.0%
Finance	YTD delivery v budget	0.0%
Finance	WRP forecast v target	100.0%
Finance	YTD WRP delivery v target	100.0%
Quality	Overall Patient Level Metric score	79.9%
Quality	Turn around time of alert	5
Quality	Falls	176
Quality	Pressure Areas	42

## **Appendix 2: Internal CSU assurance processes**

10.1 It is not the purpose of this document to prescribe in detail internal assurance processes within CSUs. However, the following structures are recommended as a minimum to support Tri-teams in delivering accountability across the four domains.

### **A) Monthly CSU internal review (Tri team led):**

- Review of operational dashboards and service delivery metrics
- Quality review using the CSU Quality Assurance Group [QAG] meeting process supported by specialty team Clinical Governance Meetings (also monthly)
- Review of workforce issues with the CSU's assigned Human Resources Business Partner [HRBP]
- Review job planning compliance and manage delays, absent or non-compliant job-plans
- Review financial controls and submit monthly CSU financial forecasts with the CSU's assigned finance business partner.
- Review and progression of improvement activity against specific targets co-created in prior IAMs meetings.

### **B) Weekly CSU Tri-team review**

- Assessment and resolution of matters arising across all four domains
- Weekly summary of operational delivery
- Weekly summary of risks to quality by exception
- Ongoing assessment of progress against targets and expectations defined in IAMs.

### **C) Weekly specialty team review**

- Access and service delivery meetings with general and business managers
- Waste reduction activity review.
- Escalation of risks arising to Tri-team and QAG
- Review of appraisal and mandatory training compliance for all staff

### **D) Daily frontline teams' review**

- Daily safety and flow huddles
- Theatre scheduling and coordination (where appropriate)
- Red-to-green days and MEDC.
- Matron service rounds and daily management
- Updating of production and communication boards
- Attendance monitoring, exit and return to work processes.

### Appendix 3: IAM reporting framework for executive and board

(\*Trajectory: Score -1 for each red, 0 for each amber, +1 for each green. Add total score against score at last assessment (see assessment date) Improving is +ve, static is 0, deteriorating is -ve).

CSU:				Date
Domain	Quality	Operational effectiveness	Workforce	Finances
Component metric #1	Red	Amber	Green	Green
Component metric #2	Green	Amber	Green	Red
Component metric #3	Amber	Green	Green	Amber
Component metric #4	Green	Green	Red	Red
Trajectory*	Static	Static	Improving	Deteriorating
Last assessed	October 2025			
Escalation position				
Level 2  CSU in receipt of additional oversight with monthly reviews with senior finance business partner and quarterly review with CFO and team				
Agreed narrative detail (max 200 words)				

