Performance Management and Accountability Framework

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Please note:

During the transition process to the establishment of the Cornwall and Isles of Scilly Integrated Care Board, this policy will remain relevant and used by NHS Kernow clinical commissioning group.

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Contents

1. Introduction 4
2. Purpose 4
3. Responsibilities 4
4. Performance management 8
5. Key elements of the performance and accountability framework 8
6. Principles to underpin the performance and accountability framework 10
7. Approach to performance management 10
8. Performance management and accountability framework 11
   8.1 Clear targets linked to budgets and planning 11
   8.2 The right performance tracking 11
   8.3 Effective review meeting structure and escalation 15
   8.4 Good performance conversations 16
   8.5 Rewards and consequences 17
9. Targeting and tailoring support 17
10. Summary 18
11. Implementation plans and monitoring effectiveness 19
12. Update and review 19

1. Introduction

A robust performance management and accountability framework (PMAF) is critical in supporting the delivery of NHS Kernow Clinical Commissioning Group and any subsequent commissioning organisation's corporate objectives and national standards. This document sets out the mechanism by which performance will be monitored and managed and aims to provide a mechanism for the provision of guidance, support and intervention by the executive team to ensure achievement of corporate objectives through a consistent approach to delivery of care and services.

This framework should be read in conjunction with:

- Contract management framework
- Procurement protocol

2. Purpose

The PMAF will provide an integrated approach to managing performance and ensure there is clear visibility and lines of accountability from the governing body down to team level. The performance management and accountability framework aims to reflect the NHS system oversight framework (SOF) to ensure the organisation is best placed to deliver all required standards. The Cornwall & Isles of Scilly (CIoS) health and care integrated system (ICS), together with the integrated care board (ICB) strategic objectives will set out the direction of travel and the PMAF is the mechanism to ensure delivery with the aim of providing internal and external assurance.

Considering the current challenges, it is important to have appropriate and transparent mechanisms that enable the executive management team (EMT), senior responsible officer (SRO) and programme managers (PgM)to deliver the required levels of performance. With this in mind, for expediency, this document formalises monthly performance reviews by clarifying expectations, roles and responsibilities. The governing body and executive management team are accountable for the overall performance of the organisation, but the PMAF makes it clear that directors, senior management and commissioning teams are responsible for delivery.

3. Responsibilities

The following table lists the key roles and their responsibilities relating to this framework.

	Name	Role regarding performance management
Committees / Teams	Governing Body (GB)	Overall responsibility for setting strategy; assures risks to the delivery of the strategy are mitigated. Reviews performance and seeks assurance on delivery of the corporate objectives and management of risks. Governing body has overall responsibility for the implementation of the performance management and accountability framework. Governing body is required to ensure that the organisation remains at all times compliant with the NHS Constitution, standing orders and scheme of delegation.
	Finance and performance committee	Chaired by non-executive director; delegated authority from governing body for oversight of quality, performance, finance and operational performance. This committee fulfils the assurance function in relation to quality, operational and financial performance against the delivery of NHS Kernow's plans and programmes, oversee the preparation and implementation of a delivery plan to ensure operational, quality and financial performance standards are achieved and monitor performance and quality of services ensuring they perform to recognised standards, are safe and equitable and the people using them are satisfied.
	Operational board	Performance management of all key performance indicators (KPIs), efficiency initiatives will be managed by this group.
	Executive management team (EMT)	Responsible for the overall performance of the organisation against designated performance indicators, work streams and contracts in support of delivering the corporate objectives.
	The Business Intelligence (BI) Team	BI under the management of the chief finance officer has responsibility for providing the data and management information both within the organisation and to appropriate external parties. The BI team report on key performance indicators to the organisation they are not responsible or accountable for the performance.

	The Finance Team	Finance under the management of the chief finance officer has responsibility for providing the data and management information both within the organisation and to appropriate external parties. The finance team report on the financial spend against allocations and budgets to the organisation they are not responsible or accountable for spend. Please refer to the scheme of delegation for authorisation levels of spend.
Individuals	Chief executive officer (CEO)	On behalf of governing body, is accountable for ensuring that the requirements of the performance management and accountability framework are appropriate and meet the needs of the organisation and its strategic objectives. The CEO is responsible for the management of the organisation including ensuring that financial and quality of commissioned services and back office responsibilities are achieved within available resources and identifying opportunities for improvement and ensuring those opportunities are taken.
	Chief Finance Officer (CFO)	The chief finance officer is the executive lead for performance, supported by the chief nursing and chief medical officers in relation to clinical matters and quality. The CFO is the named executive director with responsibility for establishing and managing the performance management and accountability framework. The CFO leads on financial strategy and planning including delivery of the financial position. Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered.
	Chief nursing officer (CNO) Chief medical officer (CMO)	Lead responsibility for driving professional accountability on delivering key performance indicators and engendering clinical leadership across the organisation in these agendas.

		Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered.
	Director of workforce	Leads on workforce strategy and planning and organisational development including training and talent management and actions to develop a performance culture. Lead accountability for delivering relevant supporting work streams, structures and processes to ensure corporate performance is delivered. Leads the development and implementation of the individual performance review process that aligns the contribution made by individual staff to delivering performance.
	Senior Responsible Officer (SRO)	Direct and lead the execution of the integrated performance management arrangements across the commissioning and operational teams including holding to account the management structure within their remit. Leads the production of credible recovery plans including resource requirements and provides transparent position statements to fully brief Quality, Performance & Finance Committee and Governing Body. SRO's are accountable for ensuring that staff are made aware of, and are working to, all relevant new and revised policies and similar documentation.
	Programme Manager (PgM)	Accountable and responsible to the SRO for ensuring that key performance indicators are agreed, communicated and delivered and that there is clear ownership for performance within teams. The programme manager has a responsibility to act upon reports and the performance score card and to ensure that their teams specific indicators are identified and understood. Prepare for performance reviews including follow-up of agreed actions. PgM's are responsible for ensuring that staff are made aware of, and are working to, all relevant

		new and revised policies and similar documentation.
	Project Manager (PM)	Accountable to the programme manager for their service's performance. Understand main drivers of performance and develop actions to improve performance.
All Staff		
All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their activity and understand how it relates to the corporate performance of the organisation. All staff are responsible for data quality through recording all information in accurate, complete and timely manner.		

4. Performance management

Performance management, financial and non-financial, comprises the systems, processes, structures, supporting arrangements and performance measures (both national and local) established to identify, assess, monitor, and respond to performance issues. It is designed to provide a consistent approach to the way operational performance and quality is managed, monitored, reviewed, and reported at all levels within the organisation. The aim of improving performance is ultimately to deliver better outcomes for patients.

The main purpose of the performance and accountability framework is:

- ✓ To support the delivery of all the organisation's strategic objectives.
- ✓ To support the link from the organisation's values to individuals.
- ✓ To provide assurance to the governing body, stakeholders and the public that the organisation has strong systems in place to govern delivery of the highest standards of care.
- ✓ To clearly set out all lines of accountability for delivery from governing body to team level and where appropriate individual level.
- ✓ To provide assurance and evidence that the organisation is achieving best value for money in delivering the services it commissions.
- ✓ To develop the business intelligence of the organisation to inform service delivery and improvement, activity planning and productivity and efficiency increases and deliver cost reduction and transformation programmes.
- ✓ Inform priorities for management action, developments and funding.
- ✓ Provide regular comprehensive reporting and feedback.

5. Key elements of the performance and accountability framework

Performance: Industry best practice shows that in order to ensure an organisation assesses its performance across all aspects of its business, it is vital that different perspectives are incorporated into a performance management framework and an integrated and comprehensive view of the organisational performance is embedded across the organisation.

To enable this approach the integration of performance information is essential and should include but not be limited to the following:

- Performance information – activity and process efficiency information against operational plan, contractual performance of Providers for commissioned services;
- Strategic Direction – key strategic objectives;
- Organisational capability - capacity plans for both activity and staffing, benchmarking and comparative data where relevant;
- Finance – annual cost and budget plans, other financial information and efficiency programmes;
- Quality information – patient safety, clinical effectiveness, mortality measures, patient experience and compliments, contractual performance of local indicators of Providers for commissioned services;
- Human resources information – staff engagement, absence data, turnover and vacancies;
- Governance and risk information – risk and assurance registers;
- Compliance information – regulatory bodies and other bodies to whom the organisation must have due regard will inform a compliance framework and be used to provide assurance to governing body;
- Commissioning information – compliance with commissioning policies and thresholds; and
- Transformation information – progress with agreed transformation projects.

The set of key performance indicators (KPIs) which comprise the PMAF will be reviewed and set each year to take account of changes in national, local, contractual and regulatory requirements. These KPIs will be set out within the annual business planning and delivery process, rather than being defined in this document and ratified by the finance and performance committee. This is to ensure that the KPI list is flexible and will adapt to national, local, contractual and regulatory needs as they arise. KPIs will be drawn from a variety of sources and will cover a wide range of themes as defined above.

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

Accountability: The lines of accountability, with clear rolls and responsibilities, will also be reviewed and set each year to take account of local changes and set out within the

performance management and accountability framework process. Corporate governance and assurance will operate in conjunction with this framework.

6. Principles to underpin the performance and accountability framework

The following principles will underpin the organisation's performance and accountability framework:

Creating a performance culture: These arrangements are intended to support the development of a culture of continuous performance improvement, coaching and support and motivation which will deliver benefits for the local population. This will be supported by clear objectives at all levels in the organisation which drive a culture of high performance and accountability, supported by the personal development plan and appraisal process. The aim is to instil a rigorous performance culture in tandem with developing a clear understanding of where individual responsibility lies. At team level the performance management and accountability framework should also be used as a driver for cultural change and engagement within services.

Transparency: The measures and evidence to assess performance will be clearly set out. Teams will understand what is required and be held accountable through a clearly articulated principle; knowing how their performance is being assessed and what to expect if their performance falls below acceptable levels as well as rewards for good performance.

Delivery focus: The performance management approach is integrated, action oriented and focused on delivering improved performance.

Proportionality and balance: Performance management arrangements will seek to ensure that performance management interventions and actions are proportional to the scale of the performance risk and that balance between challenge and support is maintained.

Accountability: Performance management arrangements will ensure that all parties are clear where lines of accountability lie.

Empowerment and delegation: higher performance will earn greater levels of delegated authority, with greater levels of performance management intervention in underperforming areas and deliver positive consequences.

7. Approach to performance management

The organisation's approach to performance management recognises three main areas for focus and development:

1. The need to create a well governed, systematic approach with clear structure to ensure the components of effective performance management are in place, with specific, measurable, action orientated, realistic, timely (SMART) actions and clear lines of accountability and responsibility.

2. Cultural change to embed a performance improvement culture through a programme of organisational development and people strategy. This will ensure the principles of performance management are understood and embedded across the organisation and a visible culture of continuous performance improvement is in place, developing leadership and competences to ensure delivery.

3. Ensure our workforce have the right tools to monitor and manage performance. Timely, accessible and high-quality data is essential for underpinning performance management.

8. Performance management and accountability framework

The PMAF is based around the following five steps to ensure that the organisation releases potential to enable services as part of the system wide realignment and progressing towards shared corporate objectives.

8.1 Clear targets linked to budgets and planning

The business direction of the organisation is established by numerous internal and external drivers which, in turn, shape the focus for performance monitoring and improvement. These include, but are not limited to:

- NHS system oversight framework
- Annual operational plan
- Financial and control total/plan
- System organisational alignment and shared corporate objectives
- NHS Long Term Plan (and sustainability and transformation plans)
- Commissioning (contract, commissioning intentions)

Business planning is the bedrock of performance management as it ensures clarity on what is required to be delivered, who is accountable for delivery and the timescales for delivery.

The strategic objectives are identified through the annual operating plan and inform the annual business planning process which is aligned with system partners. Programme priorities are aligned to the ICB's strategic objectives and resourced through the annual business planning process.

8.2 The right performance tracking

Performance will be reviewed in line with the five themes set out in the NHS system oversight framework (SOF):

1. New service models
2. Preventing ill health and reducing inequalities
3. Quality of care and outcomes
4. Leadership and workforce
5. Finance and use of resources

The ICB performance matrix will align metrics to these five themes whilst ensuring that all of the annual priorities have been accounted for. Performance will be monitored against the targets set out in the SOF or against agreed improvement trajectories. In all other cases targets or improvement trajectories will be agreed with commissioning teams and relevant programmes.

The performance tracking will be based on these general principles:

- High quality and patient safety is the over-riding goal
- Transparency of performance metrics and reporting
- Decisions will be based on high quality, timely and reliable information built on clinical leadership of data quality
- Information will be shown in trends and include forecasts
- Clear targets set reflecting national and local priorities
- Targets provide a balanced view of performance across the SOF themes
- Key performance indicators are established, and subject to continual review
- Corporate objectives/priorities targets are broken down to programmes and where appropriate team and individual targets.

Performance matrix – segmenting performance based on both objective and subjective criteria (quality impact & risk assessment) to determine the level of support required.

Domain	**Inadequate**	**Requires Improvement**	**Good**	**Outstanding**
New Service Models	4	3	2	1
Preventing ill health and reducing inequalities	4	3	2	1
Quality of care and outcomes	4	3	2	1
Leadership and workforce	4	3	2	1
Finance and use of resources	4	3	2	1
Score	**20**	**15**	**10**	**5**

Support required	*Mandated support & intervention*	*Targeted support – medium to mandated support*	*Targeted Support – light touch*	*Earned Autonomy*

Criteria for Outstanding (Segment 1) Scores :5 to < 8

- Operational and quality standards performance meets national requirements and able to predict future performance
- All national CQUINs associated with core services are delivering required improvements and plans in place to sustain.
- Where applicable all Service Development Improvement Plans (SDIPs), Data Quality Improvement Plans (DQIPs) and Investments made in contractual agreements are being met and plans are in place to sustain.
- 7 day service standards met for relevant services as appropriate.
- Finance is in line with Budget and Financial Recovery Programmes are on target to deliver agreed savings.
- Strategic change programme in place with well-designed delivery plan for safe & sustainable services
- Evidence of strong governance and assurance processes

Criteria for Good (Segment 2) Scores: 8 to <12

- Operational and quality performance in one or two areas may not meet national requirements, robust recovery plan & trajectory in place and evidence of improvement being made, future performance being modelled
- Where applicable most national CQUINs associated with core services are delivering required improvements, remainder have robust plans and trajectory to achieve targets.
- Where applicable most service development improvement plans (SDIPs), data quality improvement plans (DQIPs) and Investments made in contractual agreements are delivering required improvements, remainder have robust plans and trajectory to achieve targets.
- 7 day service standards may require improvement with a robust plan for delivery

- Finance is over with budget and financial recovery programmes are off target to deliver agreed savings, robust recovery plan & trajectory in place and evidence of improvement being made.
- Strategic change programme in place with delivery plan for safe & sustainable services; some areas need further work & peer review
- Evidence of good governance and assurance processes in place

Criteria for Requires Improvement (Segment 3) Scores: 12 to <16

- Operational and Quality performance in more than two areas do not meet national requirements; recovery plan & trajectory in place but evidence of improvement not yet embedded. Not able to accurately predict future performance
- Where applicable most national CQUINs associated with core services are **not** delivering required improvements, recovery plan and trajectory in place with limited assurance of delivery
- Where applicable most Service Development Improvement Plans (SDIPs), Data Quality Improvement Plans (DQIPs) and Investments made in contractual agreements are **not** delivering required improvements, recovery plan and trajectory in place with limited assurance of delivery
- 7 day service standards require improvement & plan to close the gap is challenging; plan for delivery in place over time
- Finance is over with Budget and Financial Recovery Programmes are off target to deliver agreed savings, recovery plan and trajectory in place with limited assurance of delivery
- Strategic change programme not well developed for two or more services; further work and support required to develop a coherent plan
- Governance and assurance processes not well defined or embedded

Criteria for Inadequate (Segment 4) Scores: 16 – 20

- Operational and Quality performance in more than two areas does not meet national standards with no plan to improve, improvement trajectory continually missed & not able to predict future performance accurately.
- Where applicable most national CQUINs associated with core services are **not** delivering required improvements, recovery plan and trajectory unlikely to deliver the improvements required.

- Where applicable most Service Development Improvement Plans (SDIPs), Data Quality Improvement Plans (DQIPs) and Investments made in contractual agreements are **not** delivering required improvements, recovery plan and trajectory unlikely to deliver the improvements required
- 7 day service standards not being met and plan for delivery not well developed
- Finance is over with Budget and Financial Recovery Programmes are off target to deliver agreed savings, recovery plan and trajectory unlikely to deliver the improvements required
- Strategic change programme – no attempt to map the change programme required, no coherent plan in place; serious and complex issues to address
- Governance and assurance processes not define or are weak.

8.3 Effective review meeting structure and escalation

Performance will be assessed and managed through the operational (ops) board with action and decision logs being maintained and reported to finance and performance committee. Attendance will consist of the senior responsible officer (SRO) and commissioner / programme manager (PgM). There is a wider matrix team that support (finance, business intelligence (BI), People and organisational development (POD), governance support), who may wish to be included however, it is expected that the SRO is able to deliver the detail necessary for a full discussion on financial and non-financial performance. The SRO is accountable for the performance and the preparation for the performance review meetings.

The formal reporting route for performance is through finance and performance committee. The SRO will receive a summary drawing out key themes and shared learning.

The operational teams have embedded quality manager, contract manager, BI and finance analysts and access to the wider commercial services, BI, finance, and POD teams. It is expected that the SRO and commissioner / PgM will work with matrix leads to ensure there are regular reports, analysis and trend interrogation. It therefore follows that the SRO and commissioner / PgM is expected to review all aspects of performance, with particular reference to the national key standards, for which the team is taking the lead in delivery and taking proactive steps to address any concerns at the earliest opportunity.

When performance is failing the operational board may request a sub monthly performance review meeting. This will be held with a nominated chair. The SRO will be tasked with taking the following steps prior to the meeting and will be expected to provide progress report against the following tasks at the meeting:

- Immediate deep dive into and focused analysis of supporting information for the standard
- Pathway reviews against agreed milestones
- Short description and key actions described at the next performance meeting

If immediate actions do not deliver within one month of falling performance a formal performance review meeting will be scheduled:

- SRO will set up a task and finish group to include service delivery, analysis and support service personnel to meet weekly review and update actions and provide assurance to the appropriate director or deputy director.
- SRO will approach the responsible executive director for access to senior support from the wider organisation resources.
- SRO will provide a full action plan for the next formal quarterly performance meeting or a specifically called executive-led meeting whichever can be arranged soonest.

If performance falls for a second month:

- SRO will provide in-depth analysis of underlying concerns, impact of actions taken to date and proposed further actions using the standardised action plan template which will be presented to finance and performance committee

8.4 Good performance conversations

Standardised agendas and performance packs will be used for the reviews, reflecting the five themes from the SOF, to focus the meeting on performance issues and agreeing appropriate remedial actions that address the root causes.

A no surprises approach will be adopted to aid good performance conversations. Examples of types of questions that need to be addressed:

- Why is performance at the current level?
    - Is the target being met?
    - Why has variance occurred?

- What difference does it make?
    - What are the implications of not meeting this target, e.g., quality, safety, finances, reputation, impact on other services etc.?
    - Do resource levels need to be looked at?
    - What impact will this have on patients, partner agencies, regulators etc.?
    - How will this affect our priorities?
    - Is there an impact on sustainability or efficiency?

- How can we make sure that improvement happens?
    - What performance is forecast for the next period?

- How can performance be improved, e.g., process improvements, productivity improvements, additional staff, outsource, insource, investment, etc.?
- When will performance be back on track?

- What do we do next?
  What decisions need to be taken?
  What are risks involved?
  What can we learn from this for the future?

Any issues that the SRO and PgM wishes to raise should be added to the agenda in advance supported by appropriate papers. To support effective review meetings the expectation is that teams provide updates on actions, corrective action statements or recovery plans in advance of performance reviews.

All actions and interventions relating to adverse performance will focus on ensuring patient safety is paramount, be delivery focused and proportionate to the level of risk identified. They will ensure a balance between challenge and support.

Evidence of high performing teams will be more explicit and consideration given to the benefits of standardising their approach and actions across to whole organisation to ensure learning from good practice is spread across the organisation.

Accountability for performance ultimately rests with Governing Body, who are supported in this role by the quality and finance and performance committees and the executive management team.

Effective performance management requires defined roles and responsibilities and clear ownership of outcome measures. The specific roles and responsibilities of these groups have been outlined in their terms of reference and the relationship with performance management is summarised in section three (3) of this framework alongside the roles and responsibilities of key individuals.

8.5 Rewards and consequences

It is important that good performance is recognised and celebrated supporting the culture and values of the organisation. Where a directorate, team or individual has delivered and sustained good performance, then the organisation may recognise this in a number of ways, for example:

- ✓ A celebration of the success
- ✓ Recognition rewards locally and nationally
- ✓ Systematic sharing of good practices across the wider system

9. Targeting and tailoring support

Team performance will be given an initial rating by theme and this will be reviewed on a quarterly basis as part of the quarterly performance review:

1. Earned autonomy will be granted to teams demonstrating overall good/outstanding performance in all themes and will require the lowest level of oversight. The frequency of performance meetings will remain at quarterly only with reporting by exception. The expectation is that the SRO will offer support to the other teams within NHS Kernow.

2. Targeted support – light touch support will be granted to teams demonstrating overall good performance in all themes and will require the light touch intervention & peer support to advise and encourage improvement. The frequency of performance meetings will be monthly with a quarterly review with exception reporting.

3. Targeted support – medium to mandated support will be required for teams demonstrating overall requires improvement in all or majority of themes. The level of intervention required will be determined by the robustness of the improvement plans and evidence of improvement being embedded. The team will be required to have in-depth support recovery and this will be tailored depending on the level of risk and quality impact. Formal Performance review meetings will be monthly with a quarterly review, performance monitoring will be weekly/two weekly depending on the level of risk & quality impact.

4. Mandated support & Intervention will be required for teams demonstrating overall serious and complex issues to address and significant under- performance in two or more themes. Intervention and support will be mandated to ensure a robust plan for improvement is in place to address the areas of inadequate performance. External support likely to be required and additional assurance sought from internal/external reviews and audit. Formal performance review and management meetings on a two-weekly basis depending on the level of risk and quality impact.

10. Summary

This framework formalises how the organisation will measure and manage delivery of its commissioned services to ensure delivery of the annual plan. It clarifies the need for clear expectations to be set out through the annual business planning process and the underpinning principles of performance management.

The PAMF is designed to ensure:

- Teams are suitably prepared for their performance reviews
- There is a consistent monitoring process to ensure that all Teams are delivering their annual business plans
- Teams take a proactive approach to performance management and are well supported
- Areas of concern are identified early with plans and support secured

- Meetings are structured in a manner that makes efficient use of time
- Meetings are attended by all those who are required, or suitable representative
- Reviews are at frequency and depth which is responsive to the performance of the organisation
- Support individual and team development

The health and care system is facing a period of sustained challenge and a robust PMAF will be pivotal in supporting sustained improvement and delivery.

11. Implementation plans and monitoring effectiveness

Implementing the PMAF ensures that governing body, executive management and senior management teams and individual staff are able to:

- Assess performance against clear targets and goals.
- Inform strategic decisions and support continuous improvement.
- Undertake exception based performance delivery tracking.
- Accurately predict future performance and forecast outturn.
- Identify key actions.
- Put in place effective review meeting structures including intervention as necessary and appropriate.
- Focus resources and improvement efforts in required areas.
- Identify any systemic problems within the organisation and wider system
- Evaluate impact of new schemes and initiatives.

Following ratification by the quality and finance and performance committees, EMT and senior leadership teams will introduced to individuals and implemented with effective from 1st April 2022. The organisation will measure the effectiveness of the policy by regular monitoring and reports of performance against the annual indicators.

12. Update and review

All policies and similar documents must be dated when approved and a review date also included. This will usually be three years unless there is an indication to the contrary. It is the responsibility of the author (or nominated officer) to be aware of influencing factors and to initiate reviews promptly within the three years if appropriate.