WeCare
Our vision, values and behaviours

Barts Health NHS Trust

Group Accountability Framework

January 2025

The Structure of this Accountability Framework

This Accountability Framework is structured in the following way:

Overview and Purpose of the Group Model

- The purpose of the Accountability Framework
- An overview of the Barts Health Group Model and the journey we have been on to develop it to this point
- Our operating model – strategy, planning and oversight
- The guiding principles of the Group Model and Accountability Framework
- The Group Model structure, its purpose and role and the accountability relationships between different parts of the Group that enable us to deliver our objectives
- Our role in contributing to system leadership

Group Leadership	Hospitals	Clinical Networks	Group Support Services
• The role and purpose of Group Leadership • What authority is devolved from Group Leadership to other parts of the Group	• The key and fundamental role that hospitals play both within the Group to deliver day-to-day operational services and within the wider system, particularly within their boroughs • Services that have been devolved to hospitals or they lead in a networked model • Accountability and performance oversight and assurance	• The purpose and role of clinical networks, recognising this is evolving	• The purpose, role and accountability of Group Support Services

Overview and purpose of the Group Model

Purpose of the Accountability Framework

What is an accountability framework?	The accountability framework sets out the **'rules of engagement'** of the Trust's Group Operating Model. It details the policies, guidance and mechanisms we have for **holding ourselves and each other to account** for the delivery of safe, high quality, patient-focused compassionate care in line with the Trust's strategy and available resources.
Why do we need one?	The Trust Board must ensure that the Trust effectively discharges its statutory, regulatory and financial responsibilities as a public body, provides safe and effective services and is sustainable in the long term. In an organisation of our size, a clear accountability framework allows the Board to: • **Set objectives and allocate resources** and delivery expectations • **Devolve authority** to Hospitals and Group Support Services to work in the best way • **Facilitate collaboration** across different parts of the Trust to work towards common goals • **Oversee performance** and **provide support** when needed It is the operating manual for the Group Model, aimed at senior leaders in the organisation and links particularly to our 'accountable' value. It outlines the Group structures and processes and sits alongside the WeLead and WeBelong frameworks.
How does it work?	For each major component within the Trust (Group Leadership, Clinical Networks, Hospitals, Group Support Services, East and South East London Pathology Partnership), the accountability framework describes the **key roles and responsibilities**, **accountabilities, delegated authorities** and our approach to **performance management**. The Accountability Framework seeks to build on the learning and will be **reviewed and updated** as the group operating model and external context requires it. More specific Accountability Frameworks have been developed for Pharmacy, Maternity and Neonates and Estates and Facilities.
What is out of scope	Barts Health operates as part of the Acute Provider Collaborative (APC) in North East London (NEL) and as a partner in the Integrated Care System (ICS). Barts Health relationship with the APC and ICS continues to mature. Barts Health role within the APC and supporting the ICS is outside of the scope of this framework.

Our Vision and Values

Our vision is ***to be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in east London and beyond***. That means *providing excellent and equitable health and care* for our patients, *becoming an outstanding, inclusive place to work* for our people and *working together with our local communities* through our partnerships. Our **WeCare** values and behaviours are visible to all and guide us in how we work together through our **WeBelong** (our culture), **WeLead** (our leadership behaviours) and **WeImprove** (our quality improvement) *frameworks*.

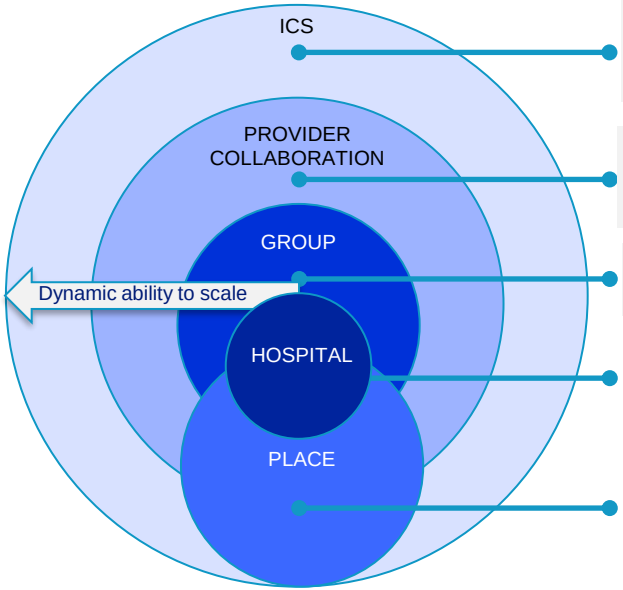
Since its introduction in 2015, the Group model has enabled the Trust to deliver sustainable improvement including exit from Quality Special Measures and a 'Good' rating for well-led in February 2019 and exit from Financial Special Measures in December 2020.

There has been an ongoing process of reviewing and refreshing the Group model. The Trust made a step change in May 2019 and there has been continued maturing of the model since then, including responding to the pandemic. Since 2022/23 evolution has included responding to the challenges and changes in system working, including working more closely in collaboration with acute providers in North East London and a greater focus on Place-based leadership within each borough of North East London.

The scope of this document is focused on Barts Health and its internal governance, but acknowledges that the Trust operates within the North East London Integrated Care System (NEL ICS) and Acute Provider Collaborative (APC). In line with national policy, North East London Integrated Care Board (NEL ICB) became a statutory organisation from 2022. As well as the APC, there are collaboratives in NEL for primary care, community and mental health services. Barts Health is part of the APC alongside Barking, Havering and Redbridge University Trust and Homerton Healthcare. Some elements of clinical leadership like Urgent and Emergency Care, Maternity and Neonates and Babies, Children and Young People operate on a NEL wide footprint.

Group Model within NEL

- The **context in which Barts Health operates has changed** with the establishment of the NEL Integrated Care System
- **The Group model has continued to evolve** since 2022/23 to support the reshaping of the leadership of the NHS across North East London, at every level
- With the agreement of partners, the Group has been able to **host collaborative resources and offer system leadership** and continues to be in a position to do this



- **NEL ICS** has four main priorities to tackle **population health challenges** which provider collaboratives support them to deliver
- The **Acute Provider Collaborative** has three key priorities – Delivering High Quality Clinical Services, Accelerating Access to Care and Implement a Sustainable Financial model
- **Group model continues to evolve to** reflect the wider context in which it operates and maturing of relationships within the Group
- **Increasing maturity** and leading the place based relationship for their borough
- **Place based partnerships** taking greater devolved responsibility from the ICS.
- **Hospitals lead the relationship** with their place based partnerships

Overview of the Barts Health Group Model

The Group Model structure was introduced in 2015. By organising ourselves as a Group we believe we are ***best able to leverage the benefits from our scale while ensuring effective management and oversight of services at a local level***.

Structurally the Group model consists of:

- **Group Leadership** establishes and communicates the vision and values, sets strategic direction and operational plans and holds the other parts of the Group to account for delivery. The hospital CEOs are also part of Group leadership through membership of the Group Executive Board with the group directors. Group Leadership holds the relationship with regulators like NHS England and CQC
- **Hospital leadership teams** for Newham, Royal London and Mile End, St Bartholomew's and Whipps Cross provide operational leadership to our five hospitals, and at 'place' in the boroughs they are located. Work is underway to embedded clinical network leadership within the hospitals.
- **Group Support Services** is a network that provides corporate service support to the hospitals, Group Leadership, and partners.
- **Clinical Networks** set clinical standards and strategy to reduce variation. Work is underway to further develop the model and embed it within the hospital leadership structure.
- **East and South East London Pathology Partnership** is hosted by the Trust and provides pathology services to Barts Health, Lewisham and Greenwich NHS Trust and Homerton Healthcare Foundation Trust.

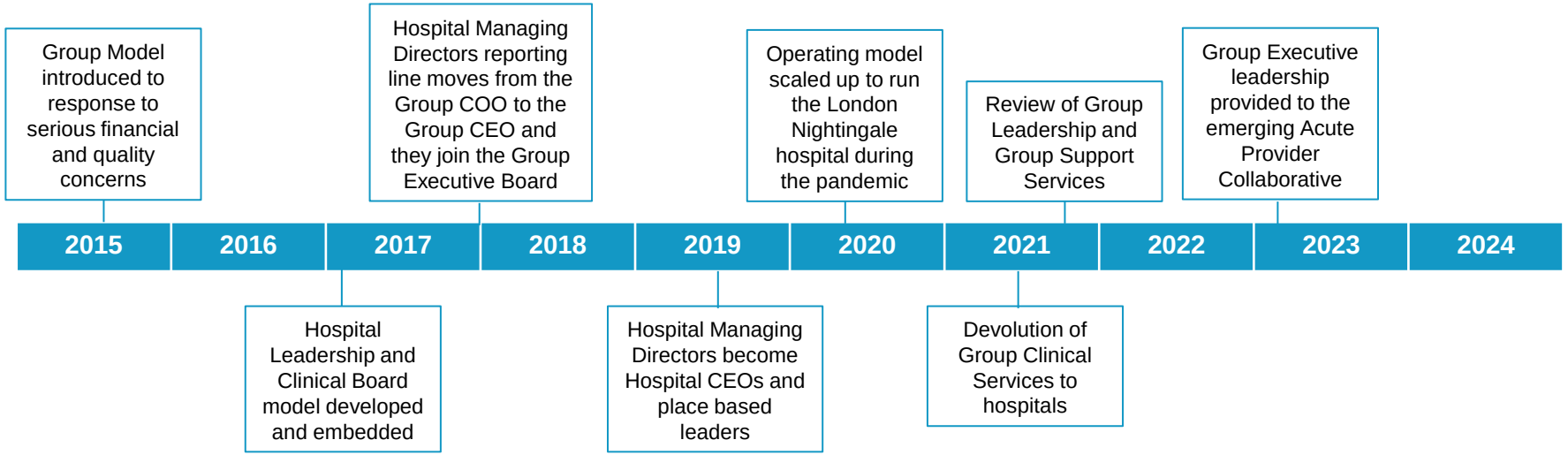
The Group Model enables the **right balance between hospitals having local freedom to deliver objectives** in a flexible way that meets the needs of their population, **whilst realising the benefits of standardisation through Group Leadership and the Clinical Networks** to ensure there is equity of care provided across the hospitals.

The **Group Model has enabled the Trust to deliver sustainable improvement**, including exit from Quality Special Measures (QSM) and a 'Good' rating for well-led in February 2019, and exit from Financial Special Measures in December 2020. The Group Model continues to evolve to reflect the maturing of the Group and changes to the wider system in which it operates.

The Trust has a number of relationships with regulators, some of which are managed at a Group level and some of which are managed at a Hospital level. Although not exhaustive, further detail is provided in the appendix of how some of the relationships with regulators work

Our journey as a Group

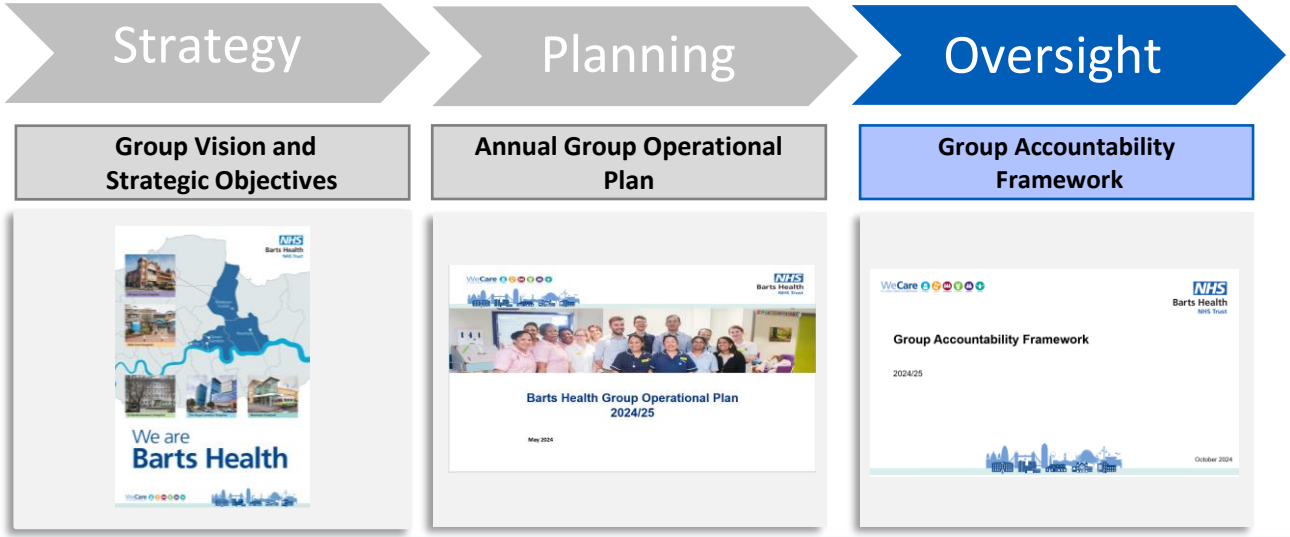
We first introduced a Group Model in 2015 in response to serious financial and quality concerns. By organising ourselves as a Group we believe we are best able to leverage the benefits from our scale while ensuring effective management and oversight of services at a local level. The timeline below shows how our model has evolved since 2015



Delivering the Trust's strategy

A 'golden thread' of strategy, planning and oversight runs through how Barts Health operates, with the Accountability Framework forming part of the oversight element enabling the Group to deliver whilst managing or reducing risk.

We are Barts Health was published in Spring 2023, setting out our Group Strategic Objectives and direction of travel for the following two years. Our **Group Operational Plan 2024/25** sets out what we aim to achieve in 'year 2' through the lens of our strategic objectives. The **headline measures** that follow are our delivery priorities as a Group which will be overseen and supported through our **Group Accountability Framework –** our operating model for holding ourselves to account for the delivery of safe, high quality, patient-focused compassionate care in line with the Trust's strategy and available resources.



NHS
Barts Health
NHS Trust

Why we're here

Our vision

To be a high performing group of NHS hospitals, renowned for excellenceand innovation, and providing safe and compassionate care to our patients in east London and beyond

WeCare
Our vision, values and behaviours

WELCOMING · ENGAGING · COLLABORATIVE · ACCOUNTABLE · RESPECTFUL · EQUITABLE

What we aim to do

Our people culture
Be an outstanding inclusive place to work

Our patients care
Provide excellent and equitable health and care, efficiently

Our partnerships collaboration
Work with our local communities to improve health and well being

Barts Health Clinical Strategy
2025 – 2030

Transform services through our clinical strategy and supporting 'enabler' strategies

- **Improving infrastructure** — Estates and Digital
- **Sustainable investment** — A Long Term Financial Plan
- **Driving innovation** — Life Sciences and Research

How we will do it

St Bartholomew's · The Royal London · Mile End · Whipps Cross · Newham

WeImprove — Excellence and innovation in safe and compassionate care

WeBelong
WeLead

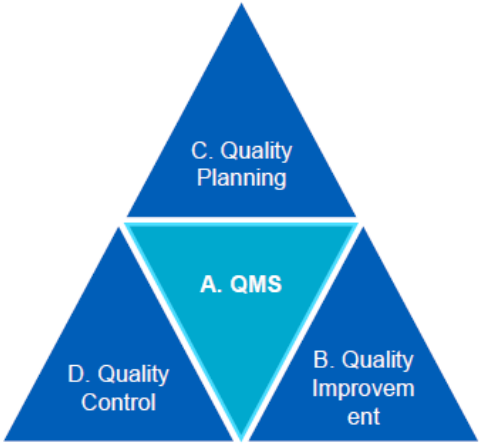
Leveraging the collective power of our group of hospitals, using our 'WeImprove' improvement method alongside WeLead and WeBelong programmes

BH0525

Quality Management System

We are on a journey to implementing a Quality Management System and this will be reflected more fully in a future iteration

Juran's Triangle



- **A** **Quality Management System:** Integrated System (B, C, D) to support organisation in delivering services
- **B** **Quality Improvement:** Process of making incremental enhancements to improve overall quality proactively
- **C** **Quality Planning:** Process of identifying customer / patient needs, developing processes to meet these
- **D** **Quality Control:** Process of monitoring operations to detect and address deviations from standards

Key Benefits

- ✓ **Enhancing Patient Safety and Quality of Care:** A QMS ensures that clinical processes are standardised, reducing variability and minimising the risk of errors
- ✓ **Improving Operational Efficiency:** A QMS helps streamline operations, reduce waste, and improve resource utilisation.
- ✓ **Workforce Engagement and Development:** A QMS provides a framework for continuous professional development and staff engagement, which is critical for maintaining high standards of care.
- ✓ **Data-Driven Decision Making:** A QMS provides the tools and processes for collecting, analysing, and utilising data to drive improvements.
- ✓ **Building a Culture of Continuous Improvement:** A QMS fosters a culture where continuous improvement is embedded in the organisation's ethos, encouraging staff at all levels to participate in quality improvement initiatives.

Guiding Principles

There are a number of guiding principles that underpin the Accountability Framework. These are:

Clear delivery expectations: clear, agreed objectives and measures of success for each part of the Group, which support delivery of the Group's vision, goals and strategic priorities

Integrated approach: a joined up understanding of performance across the Trust's three corporate objectives and operational plan, with quality at the heart of what we do

Consistency in setting standards: consistent standards developed and applied to all services regardless of which hospital provides them

Consistent rules-based approach: clarity over the triggers for intervention, at hospital and divisional level, which are proportionate to risk

Localise where possible but centralise where necessary: balance devolved hospital-level authority and accountability with the delivery of benefits at scale through standardised processes at Group level underpinned by a quality management system

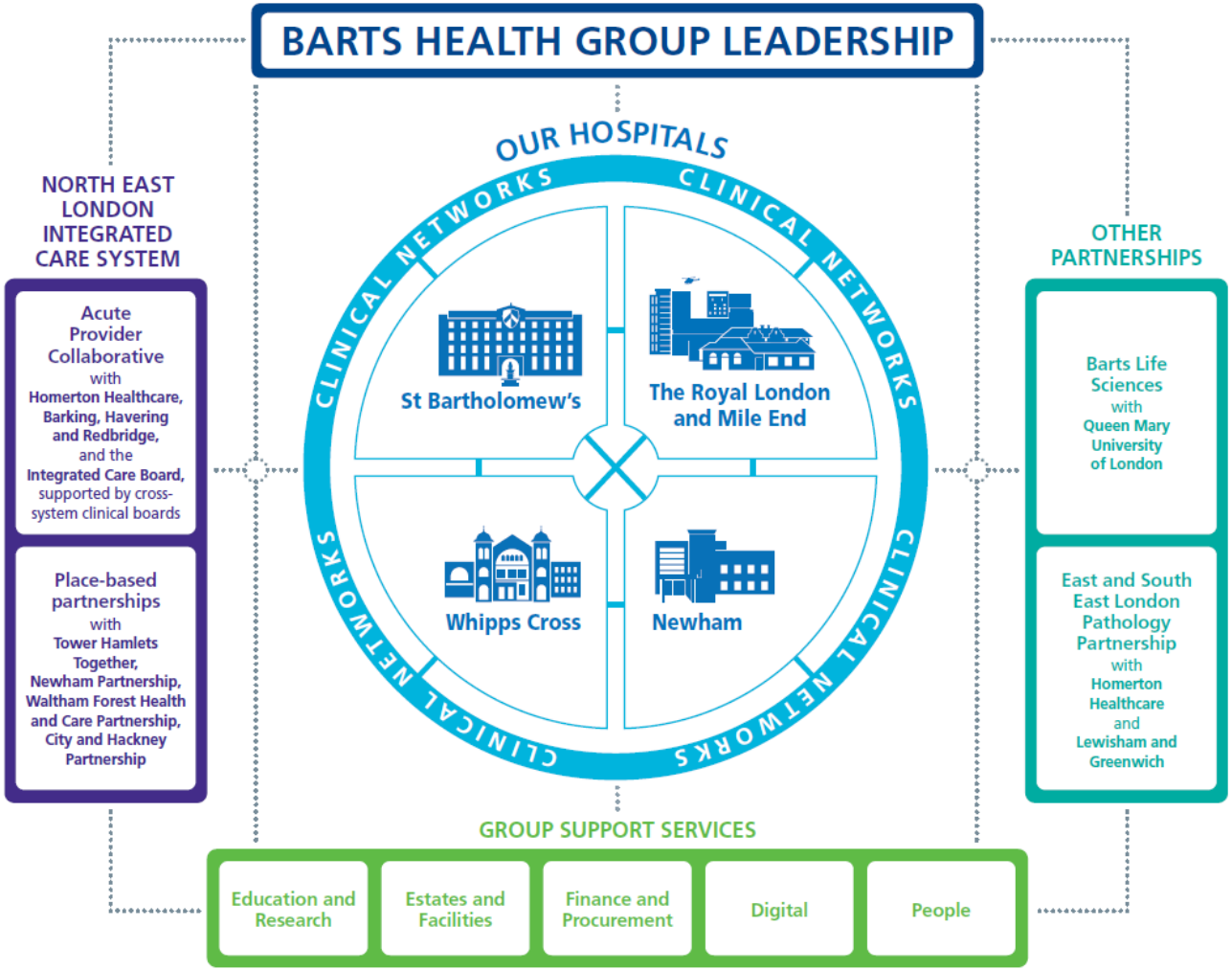
Recognise inter-dependencies within the Trust and with other partners: there are clear inter-dependencies within the Trust between the hospitals and between all components of the Group model. There are also clear inter-dependencies with the wider system

Encouraging openness and honesty: processes should promote openness and honesty over issues and risks, and the support needed

Equity and Inclusion: in line with our WeBelong principles there is a compassionate and inclusive leadership culture across all parts of the organisation and at every level

Accountable and Responsible: each part of the Group is accountable and responsible for delivery

Group Model



Our group model

A ‘well-led’ organisation

The Group model contributes to Barts Health being a ‘well-led’ organisation, as defined by the CQC’s well-led Quality Statements:

Shared Direction and Culture	**Capable, Compassionate and Inclusive Leaders**	**Freedom to Speak Up**
Group Leadership sets and cascades the vision and value for the Group and contributes to the creation and alignment of strategy at a system, group and local level. The **hospitals and GSS** deliver this through implementing their operational plans and working collaboratively with system partners	**Group Leadership, the hospitals and GSS** use the WeLead framework to develop effective leadership throughout the organisation and make a significant contribution to the leadership of the wider system	**Group Leadership, the hospitals and GSS** create a culture across the organisation where people feel able to speak up and that their voice will be heard
Workforce Equality, Diversity and Inclusion	**Barts Health Group Model**	**Governance, Management and Sustainability**
Group Leadership, the hospitals and GSS deliver WeCare and WeBelong creating a compassionate, just and fair culture across the organisation where our people feel they are valued and belong		**Group Leadership** holds the group to account and leads a governance framework that connects to the wider system and enables regulatory compliance. **Hospitals and GSS** work within the governance structure and accountability framework to deliver services.
Partnerships and Communities	**Learning, Improving and Innovation**	**Environmental Sustainability**
Group Leadership creates a consistent approach across the Group which the **hospitals** implement. **Group Leadership and the hospitals** collaborate with the wider system to maintain a high level of participation with patients and the public.	**Group Leadership, the hospitals and GSS** continue to embed WeImprove across the organisation to ensure the processes and capabilities are in place for learning and improving and innovating. **Group Leadership** contributes to a single improvement methodology across the wider system.	**Group Leadership, the hospitals and GSS** continue to develop and implement their green plans to positively contribute to environmental sustainability for patients and the communities we serve

Roles within the Group

We have identified the **unique respective roles and contributions** of Group Leadership, the hospitals, Clinical Networks and GSS to the delivery of our vision, as summarised below.

Barts Group Vision and Values

To be a high-performing group of NHS hospitals, renowned for excellence and innovation, and providing safe and compassionate care to our patients in East London and beyond

Welcoming | Engaging | Collaborative | Accountable | Respectful | Equitable

How the group model supports our group vision and values

Group Leadership

Group Leadership provides the guiding mind for how the Group works in a collaborative and sustainable way. Group Directors have a greater focus on system working through the ICS and Acute Provider Collaborative. Group Leadership holds the relationship with regulators like NHS England and CQC

Hospitals

The hospitals are responsible for operational delivery, including additional services devolved from GSS and Group Leadership. They also have a greater focus on Place based working within their borough.

Clinical Networks

Clinical Networks set standards to reduce variation. Work is underway to further develop the model and embed it within the hospital leadership structure.

Group Support Services

Group support services is a network that works in partnership with hospitals and other partners to provide best in class corporate services and to be able to offer these services more widely across NEL.

Accountability Framework

All of the above will be supported by this document which outlines the accountabilities between different parts of the Group model, reflecting the wider system context the Trust operates in

Accountability Relationships

Group Leadership	• Responsible for ensuring that the Trust effectively discharges its statutory responsibilities as a public body • Holds to account the hospitals and Group Support Services through regular Performance Reviews • The Chair, Non-Executives and Hospital CEOs are part of Group Leadership
Hospitals	• Responsible for the delivery of the hospital operational plan and accountable to Group Leadership and the Trust Board • Hold Divisions to account for delivering their element of the operational plan • Responsible for networked services across the other hospitals • Responsible for leading the Barts Health relationship at 'place' within their borough • Collaborate with other hospitals at specialty, divisional and Hospital Executive Board levels • Hospital Chief Executives and Hospital Executive members are part of Group Leadership
Clinical Networks	• Responsible for setting standards and reducing variation • Work is underway to further develop the model and embed it within the hospital leadership structure.
Group Support Services	• Accountable to Group Leadership and the hospitals for the delivery of corporate services
Other Partners*	• Accountable to Group Leadership and Hospitals as outlined in their service level agreements

* e.g. East and South East London Pathology Partnership

System Leadership

As our collaborative working within the NEL system deepens, the Barts Health Group model is adapting to ensure it remains fit for purpose and has the leadership capacity that it needs to succeed. Group Directors and Hospital leadership teams have a greater role in system working through the ICS, acute provider collaborative and place.

A key factor is the continuing ability to work in a matrix, so that regardless of where they sit in the management structure, our teams work together to contribute to high quality care to our patients, improving the health of the population of North East London, and delivering value.

Hospitals have an increasing system leadership role in the Group model

- Hospitals are central to Place Based Partnerships and hospital CEOs lead this work for their boroughs on behalf of the Group with more local ownership and responsibility
- Each Hospital CEO is a member of the APC Executive Group and they have key leadership roles for a clinical workstream

Group Leadership will have greater capacity to support system working

- With the devolution of further operational clinical services to the hospitals, Group Leadership has greater capacity to support system working through the ICS and Acute Provider Collaborative.
- Our Clinical Networks will support system, group and place-based clinical priorities and transformation and are being redesigned to reflect this.
- We are refocusing our strategic development capacity, turning data into insight and aligning our transformation and improvement resources to ensure that we identify and focus our resources on addressing the priorities.

Relationship with NHS England and CQC

NHS England

NHS England uses an Oversight Framework to segment NHS Trusts, Foundation Trusts and Integrated Care Boards and tailor its support and oversight accordingly. The Oversight Framework covers a range of metrics including operational performance, finance, quality and workforce. NHS England applies the Oversight Framework metrics at a Trust rather than hospital level. The Group CEO, Group CFO and Group Chief Operating Officer lead the relationship with NHS England on behalf of the Trust.

Care Quality Commission (CQC)

CQC has a relationship with the Trust at both Group and Hospital level. CQC operates a single assessment framework and gives ratings to hospitals as well as the Trust overall. CQC meets regularly with Group and the Hospitals as part of its assurance process. The Group CMO and Group CNO lead the relationship with CQC on behalf of the Trust.

Group Leadership

The purpose of Group Leadership

The purpose of Group Leadership is to **lead an exemplary, collaborative and sustainable group which responds to the needs of our diverse population by ensuring equitable and high quality care**. This will be achieved through eight areas of responsibility:

Shared Direction and Culture

Collaboratively set and cascade the vision and values for Group, and contribute to the creation and alignment of strategy at a system, group and local level through a strategic framework and annual business plan.

Capable, Compassionate and Inclusive Leaders

Use the WeLead framework to develop effective leadership across the Group, and make a significant contribution to the leadership of the wider system.

Freedom to Speak Up

Create a culture across the organisation where people feel able to speak up and that their voice will be heard.

Workforce Equality, Diversity and Inclusion

Deliver WeCare and WeBelong to create a compassionate, just and fair culture across the Group, where our people feel they are valued and belong.

Governance, Management and Sustainability

Hold the Group to account and lead a governance framework that connects to the wider system, enables regulatory compliance, and supports the system to work in a collaborative, flexible, and matrixed model.

Partnerships and Communities

Create a consistent approach across the Group and collaborate with the wider system to maintain a high level of participation with patients and the public.

Learning, Improvement and Innovation

Continue to embed WeImprove across the Group and ensure the processes and capabilities are in place for learning, improving and innovating. Contribute to a single improvement methodology across the wider system.

Environmental Sustainability

Continues to develop and implement Group green plans to positively contribute to environmental sustainability for patients and the communities we serve.

Devolving authority

A key responsibility of Group Leadership is to identify and respond rapidly to risks and issues arising within the Group. As the group model matures there may be scope to devolve authority where:

- there are lower levels of statutory / regulatory accountability
- there are lower levels of risk in service delivery with confidence in capacity / capability to sustain delivery
- there are less significant economies of scale in organising once at Group level
- it is more important to be agile and to respond rapidly to the environment
- it is a priority to retain talent on a long term basis

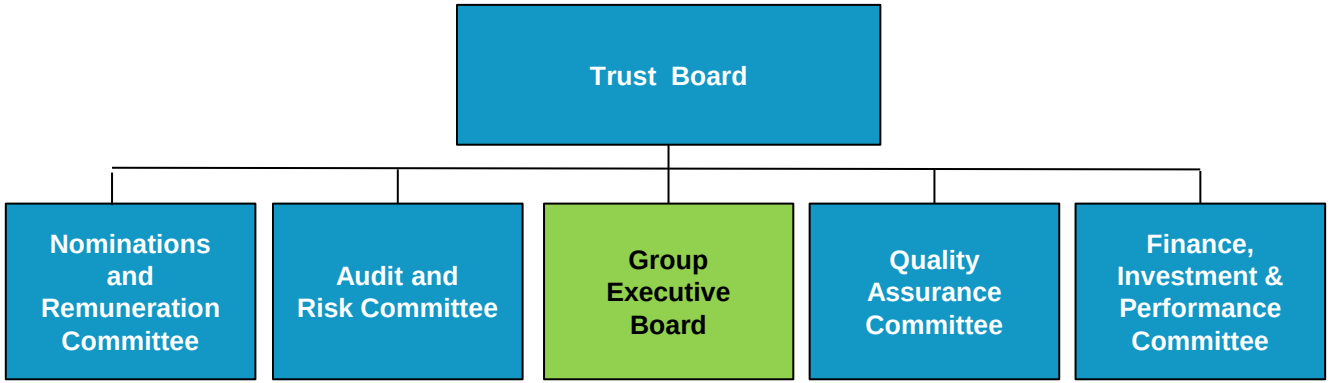
Group Leadership will support the local leadership teams to enact the changes required to respond to any risks or issues, however there may be occasions where it is necessary for Group Leadership to intervene directly. There are currently no plans to devolve authority any further to the hospitals or Group Support Services but this remains under review.

In order for the Group to function in a coherent way, there is an expectation of a standardised approach in some specific areas:

- Core HEB membership and parity of job role grading between the hospitals with core templates used for job descriptions
- HEB sub-committee structure aligns with Group Governance structure
- HEB members will have a professional accountability to Group Leadership as well as to their hospital CEO in a management capacity (e.g. Hospital Director of Finance has professional accountability to the Group Chief Financial Officer)

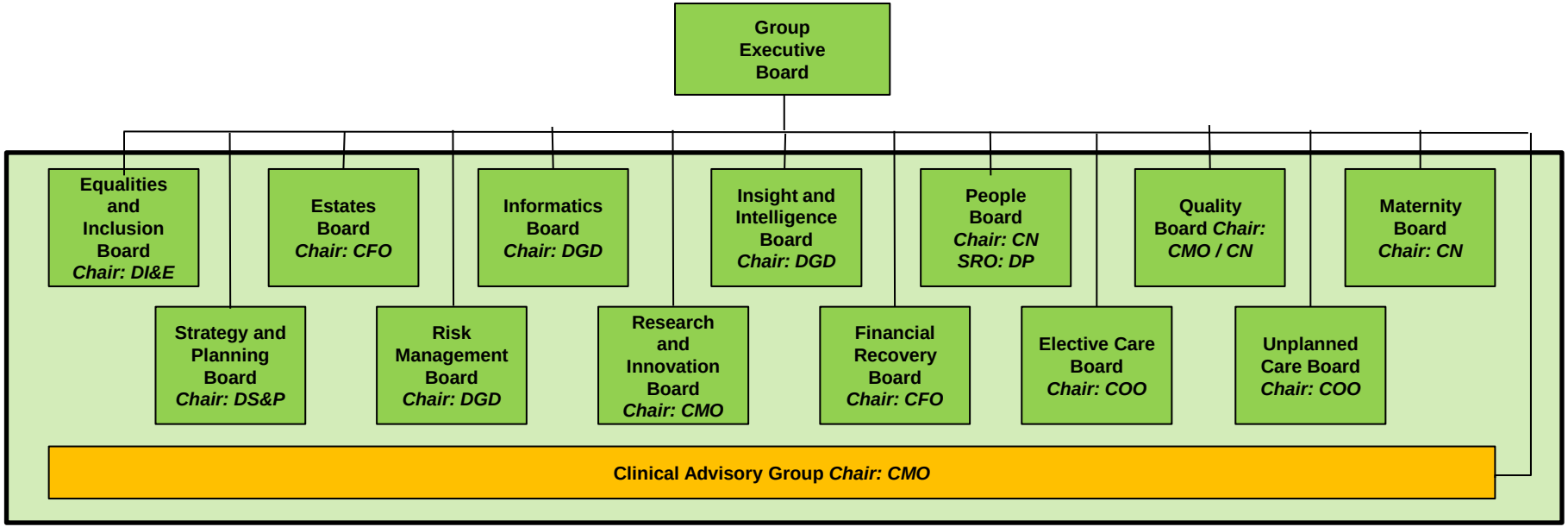
Group Leadership sets the parameters within which the hospitals and Group Support Services can operate with devolved authority. Any changes to HEB structures or job descriptions, or devolved corporate services (e.g. finance, people, estates), should be agreed with the relevant Group Director. Discussions will also be required with Finance in relation to the budget.

Board level governance

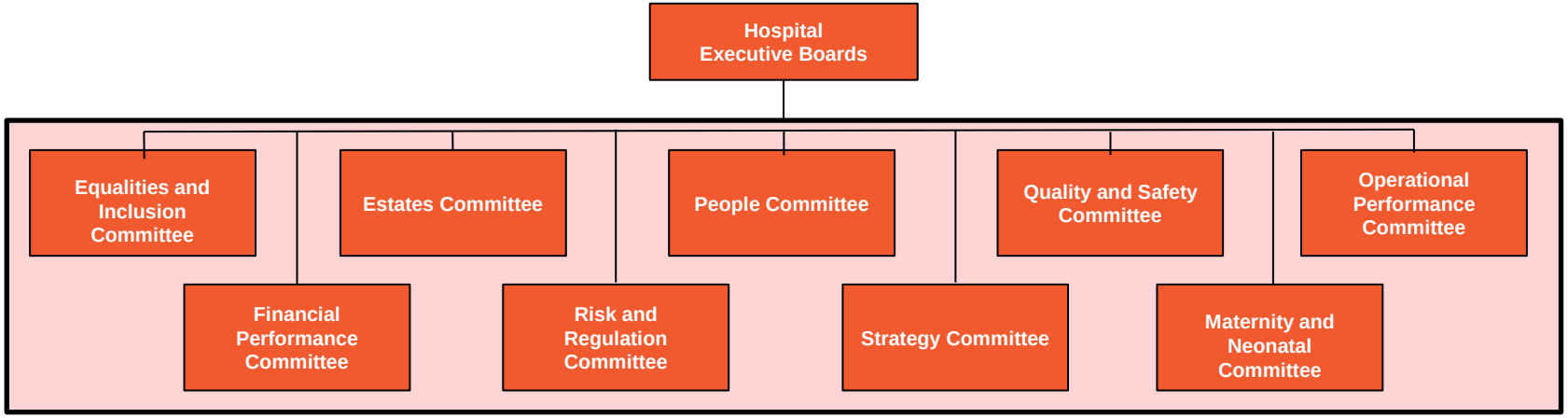


Orange: Advisory Groups to the Board

Executive level governance



Hospital level governance



Hospitals need to ensure that their local governance aligns with group governance. Whilst there is scope to combine some committees (e.g. operational performance and financial performance could be combined) the hospital needs to ensure that the areas above are discussed in sub-Hospital Executive Board committees and that there is sufficient balance of the agenda to enable a meaningful discussion. Hospitals will need to explain any variation from the above.

Quality Control - Performance Oversight and Assurance

Quality Control Framework

This framework describes:

- The structure in which we outline both the external and internal metrics that need to be achieved to deliver the objectives of the organisation.
- The governance mechanisms by which operational services, Hospital executive Boards, Group leadership and the Trust Board receive information on metrics
- Details of performance review meetings and subsequent escalation where performance is identified as being of concern.

- Identify Key Performance Indicators
- Set annual targets
- Set clear expectations of quality and performance

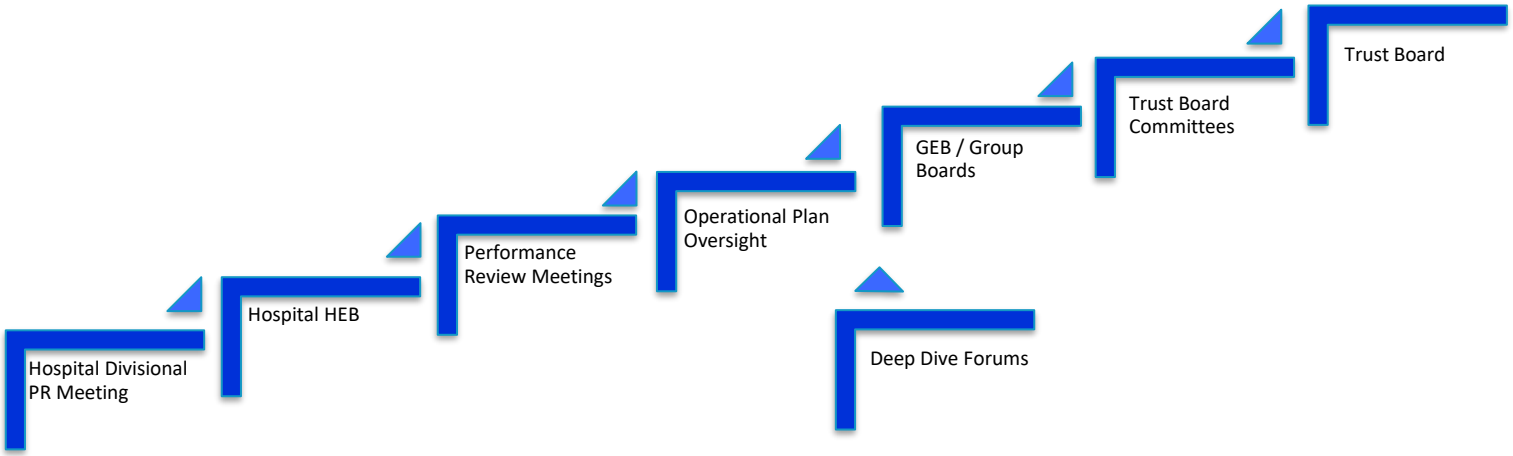
- Provide regular data reports
- Analyse and interpret data
- Develop reporting technologies

- Define Measures
- Maintain Data Systems
- Collect Data

Performance Oversight and Assurance

How do we monitor performance

- The performance model is established reflecting the agreed roles of Leadership as outlined in this accountability framework.
- This structure provides oversight of regulatory and performance issues and risks through the governance structure allowing for supportive interactions where escalation is required.
- Escalation will be determined through routine review of performance across constitutional and operational plan metrics and deliverables and will include insights on risks and issues gathered from other sources of intelligence**.**
- Escalation of performance issues is taken through Group Boards or Deep Dive forums to allow for detailed analysis, oversight and recovery actions in support of performance improvement to required targets and standards.



Performance Oversight and Assurance

What do we measure

The key performance indicators which comprise our performance framework are reviewed annually to ensure that they reflect any changes in local, national, contractual and regulatory requirements and support delivery of our annual operational plan.

Principles

- An agreed reporting methodology is in place, utilising data thresholds as identified through the use of statistical process control (SpC) time series data.
- Monthly review of metrics and other intelligence to identify metrics and other measures that are outside of agreed thresholds for escalation and review.
- Ensure that as many exceptions as possible can be included in divisional, hospital and Board level reports without overwhelming the meetings and allowing opportunity for other hot topics, particularly important, or otherwise noteworthy exceptions to be included.

Governance Forum	Purpose
1. Hospital Divisional PR Meeting	Monthly divisional PRs with divisional triumvirates and Hospital Executive teams, chaired by the Hospital CEO Oversight of performance against key metrics and development of required action/improvement plans
2. Hospital HEB	Oversight of action/improvement plan, identification of additional support as required (local senior expertise, QI resource)
3. Performance Review Meetings	Monthly PRs with Hospital Executive teams and Group Directors. Bi-monthly PR with Group Support Service Leads (People, BIU, Informatics & Estates), Group Directors and Hospital CEOs. Quarterly Host Review with Pathology Partnership senior team and Group Directors. To provide oversight and scrutiny of the delivery of Hospital operation plans and key performance indicators. To identify areas of performance concern and where support from Group Leadership is required to recover the delivery of operational plans. Escalation for support via Group Boards or Deep Dive meetings.
4. Operational Plan Oversight	Ambitions detailed in the Group Operational Plan are translated into an agreed set of headline metrics to allow for quarterly oversight reports via the Audit and Risk Committee to the Trust Board and to ensure that progress against the plan remains a focus across Group governance throughout the year.
5. GEB/Group Boards	Receive reports from Hospital PRs, Group Boards and Deep Dive discussions for assurance of improvements in areas of challenged performance, and to agree next steps for further support (Group identified expertise, Improvement team) as required
6. Trust Board Committees	Oversight of issues and risks associated with recovery of performance, commission to Group Board for escalation of support and oversight
7. Trust Board	Ensure accountability by holding the organisation to account for the delivery of organisational performance and seek assurance that systems of control are robust and reliable. Assure that appropriate arrangements are in place for monitoring and improvement of risks and performance concerns

Performance Oversight and Assurance

Escalation

Where performance concerns are identified through the performance governance framework two escalation routes are available:

- **Group Boards** – Support to Group wide improvement opportunities where a Group response could accelerate improvement plans and performance recovery, and to commission specific improvement programmes from the group wide Transformation and Improvement Team. Reporting to GEB on progress.
- **Deep Dive meetings** – Relevant deep dive forum commissioned to support detailed review and overview of performance escalations and agree support requirements at Hospital level or through Group expertise and resources. Reporting to relevant Group Board or PR meetings on progress.
- Both escalation routes to report on oversight of performance concerns and advise on requirement for further escalation or de-escalation as deemed appropriate
- There are two Deep Dive forums (Quality Deep Dive and Finance Performance Group) that are a routine part of governance tracking the detail of delivery and progress of key aspects of the Operational plan, where performance escalations are taken for review and oversight.
- An extension of the deep dive model has been agreed to strengthen oversight of continuing performance challenges where they are identified, establishing a standard escalation route within the Performance Governance model, that allows a review across our priorities and objectives for an integrated review.

Existing	Purpose	Group Priorities
1. Quality Deep Dive	An environment to support in-depth Board to Ward assurance through our accountability framework. Creating a space for detailed assurance discussions on quality and safety issues and metrics, escalation of key issues and shared problem solving.	Our Patients: Improving equity, quality and standards
2. Finance Performance Group	Monthly deep dive review into progress of delivery of financial plans, and track delivery against headline workforce and productivity metrics outlined in the Hospital Integrated plan. Agreement of support requirements.	Our Patients: Increasing performance and productivity Our People: Recruiting a permanent and stable workforce Enablers: financial sustainability
3. Specialty Specific Deep Dive e.g. UEC, Imaging, Maternity	Bring senior Group and Hospital leadership together to find solutions to drive improvement, creating a space for detailed assurance discussions, escalation of key issues and shared problem solving. These forums would be time limited linked to improved performance and confidence in sustainability.	Our Patients: Improving equity, quality and standards

Hospitals

Role of Hospitals

The hospitals deliver operational and clinical services on behalf of the Group and enable the delivery of regulatory and statutory requirements. The majority of staff and resources within the Group are located within the hospitals.

The hospitals provide the main interface with our patients and respond to the needs of our diverse population by ensuring equitable and high-quality safe care. Each of the hospitals maintain their own identities reflecting the services they provide and the local population they serve. Work is underway to further develop the clinical networks model and embed it within the hospital leadership structure.

As with all parts of the Group, hospitals work in a matrix model. Hospital Executive Board members also have system leadership roles. These roles will continue to develop as the system evolves.

Place

Each hospital within the Group has a role within their borough and will be central to place-based partnerships within their boroughs. The hospital CEO leads this work for their boroughs on behalf of the Group with more local ownership and responsibility. Hospital CEOs feedback to the Group on place level discussions and structures.

Provider Collaborative

Each Hospital CEO is a member of the APC Executive Group and they have key leadership roles for a clinical workstream

Governance

Whilst recognising the individual characteristics of each hospital, to enable the Group to function in a coherent way, there is an expectation of a standardised approach in some specific areas:

- Core HEB membership and parity of job role grading between the hospitals with job descriptions based on a core template
- Hospitals are responsible for ensuring the standardised governance approach is adopted for Hospital Executive Board (HEB) and its sub-committees
- HEB members will have a professional accountability to Group Leadership as well as to their hospital CEO in a management capacity (e.g. Hospital Director of Finance has professional accountability to the Group Chief Financial Officer)

Accountability Overview

	Delivery	Authority
Overall	• The hospitals deliver operational and clinical services on behalf of the Group and enable the delivery of regulatory and statutory requirements. • The hospitals respond to the needs of our diverse population by ensuring equitable and high-quality safe care. • Each year hospitals will develop operational plans and will be expected to deliver against these plans. Operating plans should also be developed for each division. • The Hospital Executive Board (HEBs) are responsible for ensuring that there is a divisional structure in place that enables the delivery of high-quality safe care. • Each division should be clinically led by a Divisional Director and supported by a Divisional Manager and Associate Director of Nursing (ADoN) or Clinical Director. • Hospitals are responsible for the delivery of operational clinical services on behalf of the Group. They are responsible for local Estates, People, Finance and Imaging teams. • Some hospitals lead networked services on behalf of the Group. These services should be embedded within the divisional structure and receive regular oversight. • Hospitals have further devolved responsibility in resolving operational issues and are expected to work with each other more effectively to respond to emerging issues and challenges. • Hospitals are responsible for ensuring the standardised governance approach is adopted for HEB and its sub-committees	• HEBs will operate within the authority that is devolved to them (e.g. as outlined in the Scheme of Delegation for Finance). • Hospital CEOs are responsible for ensuring that they or their hospitals do not operate outside of the parameters set by Group Leadership. • Hospitals are expected to escalate any issues of concern to Group Leadership that may impact on the Trusts regulatory position (e.g. operational performance) to enable support to resolve the issue. • Whilst Hospital Executive members have a managerial responsibility to their Hospital CEO, the matrix nature of the Group means that they also have a professional accountability to the relevant Group Director. • Where there is a statutory or regulatory responsibility discharged by a Group Leadership role (e.g. pharmacy, midwifery, therapies), there is an expectation that the relevant hospital-based role (e.g. Head of Pharmacy) will have professional accountability to the Group Leadership role

Accountability Overview

	Measure and Assure	Support
Overall	• Standardised monthly integrated performance reports (IPR) for hospitals and divisions, aligned with the Board IPR • Spotlight and exception reports will be used to highlight areas of concern or good practice • Performance Reviews (PRs) are intended to be the primary mechanism for holding the hospitals to account, taking an integrated approach to performance management across all aspects of the operational plan. • Each hospital will hold monthly performance reviews with each division, modelled on the hospital PRs • Where necessary there will be bilateral discussions between Group Directors and hospital executives to resolve issues • Regular well-led assessments will be undertaken at a divisional and hospital level to enable the development of improvement plans	• The monthly hospital performance report will be used by Group Leadership to identify and agree any areas where further support is required. Hospital Leadership teams will do the same for their divisions • As well as using the monthly performance report, “soft” intelligence from other parts of the Group will be used by Group Directors to identify and agree any areas where further support is required. • A risk-based approach will be taken to intervention. Risks should be added to the risk register with mitigating actions described. • The hospitals should ensure full engagement with support provided • Group Leadership will agree with the hospital CEO where additional support is required and how the impact will be monitored outside PRs. Support could be provided from Group Leadership or externally (e.g. National Intensive Support Team)

Accountability Overview - Quality

	Delivery	Authority	Measure and Assure	Support
Quality ☆☆☆	Maintain and develop services and quality objectives to deliver high quality, safe care that meets regulatory requirements	As agreed with the Group CMO and CNO to deliver the Quality Strategy to include: • Quality planning through local equity, diversity and inclusion lenses • Promote participation and engagement with the local population i.e. Place, to enhance patient experience • Define hospital focused quality objectives • Agree hospital Quality Improvement initiatives and programmes • Oversee or ensure robust quality assurance and quality governance process are in place for their hospital (ward to HEB) and preparedness for regulatory inspections	**Measured** through triangulation of key quality metrics and soft intelligence as defined within the Quality Assurance Framework **Assured** through Quality Deep Dives, monthly Performance Review and Group Quality and Safety committees reporting to Quality Board and Quality Assurance Committee	**Trigger** Variance to IPR KPI Metrics and adverse regulatory outcomes and/or continued poor performance against quality metrics and/or soft intelligence **Intervention** As per relevant Performance Oversight level of interaction

Accountability Overview – Strategy and Partnerships

	Delivery	Authority	Measure and Assure	Support
Strategy and Planning 	Development of an operational plan that meets the requirements set out in the Trust's planning guidance. Develop hospital specific plans and strategies that support delivery of Group wide, borough, and NHSE objectives	As agreed with the Group Director of Strategy & Partnerships. Reserved "decisions" for S&P Board include : • Proposed service changes • Annual BH Plan, including Strategic Objectives • Revenue and Capital investments (via ISC) • Review and "approval" of BH Organisational Strategy • Review and "approval" of Enabling Strategies (ie Informatics, Estates) • Review and "approval" of Clinical Strategy	**Measured** through delivery of the operational plan metrics and milestones within IPR packs **Assured** through Group Boards and monthly Performance Reviews	**Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans **Intervention** As per relevant Performance Oversight level of interaction

Accountability Overview – Finance

	Delivery	Authority	Measure and Assure	Support
Finance 	Delivery of services within agreed financial plan and control total. Delivery of agreed Cost Improvement Plan	As agreed with the Group CFO and as outlined in the Trust's Scheme of Delegation As agreed with the Group CFO and as outlined in the following areas: Budget holder meetings and sessions to support budget management Capital and revenue business cases reviewed through agreed ISC process SFIs and Standing Orders	**Measured** through performance against plan. **Assured** through monthly Finance Performance Group and monthly Performance Reviews	**Trigger** Variance to plan/ control total/ forecast **Intervention** As per relevant Performance Oversight level of interaction

Accountability Overview – People

	Delivery	Authority	Measure and Assure	Support
People 	Recruit and retain a workforce that delivers high quality, safe, equitable care for patients	As agreed with the Group Director of People and as outlined for the following areas: • Establishment and Recruitment control process • Temporary staffing and rate control processes • Management and tracking of Employee Relations cases • Workforce deployment systems and process (Including rostering and job planning performance and governance) • Pay and Allowances	**Measured** through performance against key workforce KPIS in IPR and against local workforce plan. **Assured** through People Board and monthly Performance Reviews	**Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans **Intervention** As per relevant Performance Oversight level of interaction

Accountability Overview – Operational Excellence

	Delivery	Authority	Measure and Assure	Support
Operational Excellence 	Provision of services that are equitable and that deliver within agreed trajectories to meet the constitutional standards	As agreed with the Group Chief Operating Officer and as outlined in the following areas: • Delivering constitutional standards around UEC including 4 hour waits • Delivering the elective plan within the trajectories set out in the annual operational plan • Ensuring that appropriate emergency and business continuity plans are in place	**Measured** through performance against key activity and performance KPIs in line with national targets and trajectories. **Assured** through Elective Recovery Board, Urgent Care Board, Urgent Care Deep Dives, Strategic EPRR Group and monthly Performance Reviews.	**Trigger** Variance to IPR KPI Metrics and/or continued poor performance against action plans **Intervention** As agreed between Group Directors and Hospital to best respond collaboratively to area of concern

Accountability Overview – Governance and Risk

	Delivery	Authority	Measure and Assure	Support
Governance and Risk 	Effective hospital governance arrangements aligned with group governance which comply with CQC well-led best practice	As agreed with the Director of Group Development in relation to: • HEB and hospital committee governance structure • Risk management arrangements (low and medium risk assured at hospital level)	**Measured** through hospital assurance framework, risk register and regulatory compliance **Assured** through Risk Management board and monthly performance reviews	**Trigger** insufficient mitigation for high risks, limited assurance through audits **Intervention** As per relevant Performance Oversight level of interaction

Devolution to Hospitals

Clinical Services

Reflecting the move to having operational day to day services managed by the hospitals a number of services have been devolved to the hospitals. These include:

Devolved to all Hospitals	Devolved with a Lead Hospital
• Outpatients (2019) • Therapies (2019) • Imaging (2021) • Operational Safeguarding Children and Adults (2022) • Estates and Facilities – Health and Safety and Fire Safety (2022) • Operational Pharmacy (2023)	• Clinical Physics – St Bartholomew's (2021) • Clinical Pathology – Royal London (2021) • Imaging Clinical Research (formally part of GCS) – St Bartholomew's (2021) • Pathology Partnership Intelligent Customer – Royal London (2022) • Dementia and Delirium – Royal London (2022) • Tissue Viability – Newham (2022) • Chaplaincy – St Bartholomew's (2022) • Learning Disability – Whipps Cross (2022) • Advocacy and Interpretation – St Bartholomew's and Whipps Cross (2022)

Group Support Services

The line management of the following roles has been devolved to the Hospital CEOs with professional accountability to the relevant Group Director

- Hospital Heads of Finance (job title changed to Hospital Director of Finance)
- Hospital Associate Director of People (job title changed to Hospital Director of People)
- Hospital Deputy Director/Associate Director of Estates

Clinical Networks

Role of Clinical Networks

A key element of the Group model when it was created was Clinical Boards and Networks that brought clinicians together within their specialty across the hospitals. Nine Clinical Boards oversaw a number of Clinical Networks at specialty level and reported into a sub-committee of GEB. The Clinical Boards had a remit to oversee clinical standards and clinical strategy in the Trust.

Boards were led by Clinical Board Chairs (usually but not always doctors), appointed by the Group and supported by multi-professional divisional leadership teams from each hospital. This was mirrored at Clinical Network level with a Clinical Lead appointed by the Clinical Board. Boards and Networks received managerial and administrative support from the Group Strategy team. It was acknowledged that Clinical Boards and Networks were not tied into hospital leadership as much as they could have been.

The role of the Clinical Boards expanded in response to the pandemic and recovery. Alongside this, as part of the evolution of the Group Model in 2021, the Clinical Board Chairs were positioned at the heart of Group Leadership. With the creation of the ICS and Acute Provider Collaborative (APC) it was agreed that clinical leadership and resource should focus at APC level. To avoid duplication the Barts Health Clinical Boards and Networks were stood down. The APC and ICS has workstreams focused on a number of clinical areas e.g. cancer, children, maternity, critical care, urgent and emergency care. In addition medicine and surgery boards have been set up as collaborative fora for clinical leaders in all seven hospitals across the APC. These Boards play a supporting role to the APC but their work is in the early stages of maturity.

Although there has been progress with collaboration at an APC level for some specialities, this has not been the case for the majority of specialities. As a result clinical networks are being re-established in the Barts Health model where they are needed with the networks embedded within hospital leadership.

At the time of publishing this Accountability Framework work is underway to develop the model for Clinical Networks so the following slides outline the broad proposals. More detail will be included in a future iteration of this Framework.

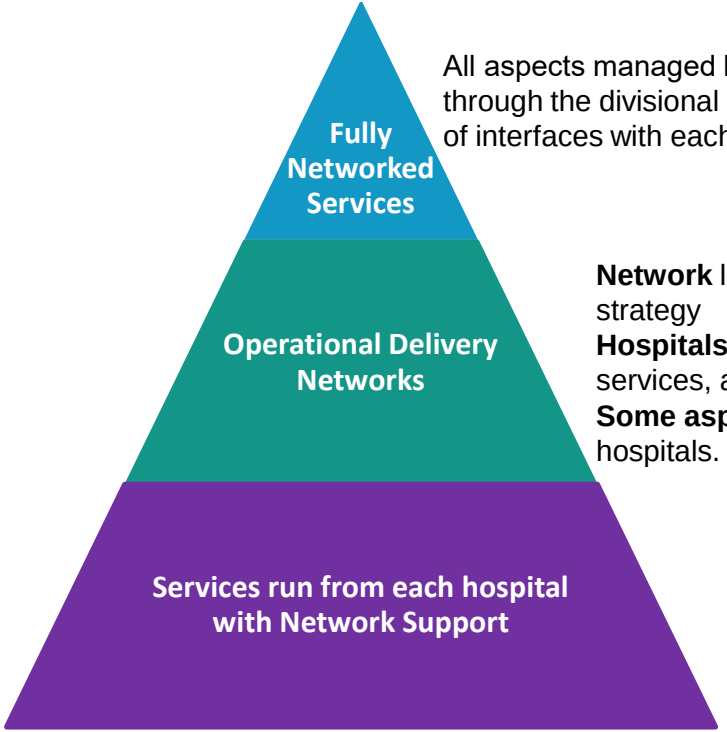
Clinical Network Design Principles

The following design principles should be used to support the design of clinical networks:

Fit within the Group Operating Model	Scope
• The coherence and integrity of the group operating model should be maintained • The viability and sustainability of the hospital leadership model should be maintained and enhanced • The model of clinical networks should be standardised and simple to understand / communicate	• All specialities should map to a clinical network • Networks should be organised around patient pathways where feasible • Networks should minimise duplication with APC structures • Networks should be hosted by a hospital
Leadership	**Resourcing**
• Network leadership should be multiprofessional	• Networks must be cost neutral • Networks should have access to appropriate infrastructure / managerial support provided by the 'host' hospital
Learning	**Governance**
• WeImprove principles should inform the managed evolution of the model of networks (with particular emphasis on co-production)	• The accountabilities of clinical networks and reporting lines must be clearly defined into both Group and Hospitals • It is proposed that the Group Strategy and Planning Board has oversight and supervision of the work of the Clinical Networks • There should be executive-led mechanisms to support and hold to account

Three Types of Networks

Clinical Networks are being developed based on three approaches. It is anticipated that all specialities will be part of Network Support. There may be some specialities that progress to become Operational Delivery Networks (ODNs) or Fully Networked Services but this would be with agreement from GEB. Work is underway to design ODNs with pilots in Orthopaedics, Urology and Gynaecology. ODNs and Fully Networked Services will retain the functions of Network Support.



All aspects managed by the network, with the network embedded in and 'owned' by the lead hospital through the divisional structure, staff line managed within the network, requires agreed management of interfaces with each hospital

Network leads on clinical guidelines, clinical standards including GIRFT metrics, workforce strategy
Hospitals manage their staff, oversee interfaces with primary care/ other services/ community services, adapt the delivery model to suit local need
Some aspects of operational delivery are managed by the network, with agreement from hospitals. E.g. waiting list co-ordination, job planning

Networks support hospitals with leadership on clinical Guidelines, clinical Standards including GIRFT metrics, audit and outcome analysis, strategic support and advice, interfacing with local, regional and national networks
Hospitals Manage their staff, oversee interfaces with primary care/ other services/ community services, adapt the delivery model to suit local need

Group Support Services

Role of Group Support Services

Group Support Services are a network of non-clinical corporate services under the Group Directors such as recruitment and procurement which predominantly provide support to the hospitals but also to other partners. Our vision is for GSS functions to become more responsive to hospital requirements and delivering value. The APC is looking at how corporate services can be scaled up beyond Barts Health, starting with procurement. Individual GSS functions remain accountable to the relevant Group Director, but with a distinct purpose and operating model from Group Leadership functions. GSS services are segmented as follows:

Delivery-driven services

- These are generally high volume standardised services (such as Payroll and accounts payable) where only limited day to day relationships with the hospitals are required.
- These services will continue to report into Group Directors who will agree service standards with service directors and hold them to account for delivery.

Relationship-driven services: managed centrally

- These are services where day to day relationships with hospitals are important but the benefits of centralised management outweigh the benefits of devolution to the hospitals (such as property management and the ICT service desk).
- Relationship management will be strengthened with greater transparency of performance against agreed performance indicators and service standards and clearer routes of escalation.

Relationship-drive services: devolved to the hospitals

- These are services where a devolved model is most appropriate because of a high requirement for local knowledge and flexibility, and where there is a significant contribution to executive decision making at hospital level (such as people case management and health & safety).
- These services will be line managed by the hospital CEOs but with professional accountability to leads at Group level, reporting into Group Directors. The professional leads will agree with the hospitals the scope for local variation versus standardisation across the Group.

Accountability Overview

	Delivery	Authority
GSS	• Group Support Services are a network that deliver corporate services on behalf of the Group and support the Group, hospitals and other partners to deliver regulatory and statutory requirements. • The key core GSS services are the ‘delivery’ services sitting within Finance, Procurement, People, Estates, BIU and ICT • Each Group Support Services function will have clear service standards agreed with the relevant Group Director which they are expected to deliver. Where services are also relationship driven, these will be agreed with the hospitals and other partners. • The APC corporate services collaboration workstream is further exploring opportunities that may emerge by working collaboratively, particularly around the key core GSS delivery services	• Group Support Services functions will operate within the authority devolved by the relevant Group Director to the Service Director • Group Support Services functions are expected to escalate any issues of concern to their Group Director that may impact on the Trusts regulatory position or on the ability of hospitals or other partners to deliver services. The Group Director will work with the service lead to resolve the issue

Accountability Overview

	Measure and Assure	Support
GSS	• Each of the key core GSS services will have an outline service offer and a draft set of Key Performance Indicators (KPIs). These KPIs will be agreed with the hospitals and other partners and their Group Director and will be reviewed annually • Conversations with hospital customers will commence to discuss the service offer, performance against KPIs and improvement and efficiency opportunities. This should also include the current approach for customer engagement, either through business partners or through another forum that creates a regular dialogue with hospital teams • Performance against the KPIs will be monitored regularly. Hospital PRs will have an agenda item to pick up issues by exception or which the hospitals wish to escalate. • Performance against the KPIs is monitored regularly • Regular review of performance by the Group Director and the hospitals and other partners will be undertaken through the GSS Performance Review	• The KPIs will be used by Group Leadership to identify any areas where further support is required. Alongside this “soft” intelligence from other parts of the Group will be used by Group Directors to identify any areas where further support is required. • A risk-based approach will be taken to intervention. Risks should be added to the risk register with mitigating actions described. • Group Leadership will agree with the service lead where additional support is required and how the impact will be monitored. Support could be provided from Group Leadership or externally

Group functional model by service type

This functional model illustrates how GSS services are aligned to the different service types

Clinical Co-directorate

	COO	Finance, Procurement & Estates	People	Strategy & Partnerships	Group Development	CNO / CMO	CMO
Group Leadership	**Group Operations** Emergency Planning Trust wide performance Patient flow Operational Delivery Planned Care Diagnostics inc. Imaging UEC Cancer Critical Care Hosting **Improvement & Transformation** QMS QI Education	**Strategic Finance** Financial Planning Strategic projects Charity Capital Costing **Sourcing** Sourcing strategy **Operational Finance** Financial Services Income & Contracting Annual accounts **Internal Audit** **Estates & Facilities** Estates Strategy Capital Prog Delivery Sustainability Major Estates Projects	**People Culture & OD** Staff Engagement Leadership & Talent Employee Wellbeing People Strategy OD & Culture **Inclusion and Equity** **Governance & Compliance** Employee Relations strategy & governance Policies Staff side negotiations & committees Medical Staffing Pay & reward strategy **Workforce strategy and planning** Retention Workforce Planning Workforce supply strategy	**Strategy** **Business Planning** **Projects** Life Sciences Special Projects **Commercial** Commercial strategy & advice Private Patients Income & Charity Bids Intellectual Property Commercialisation Nuffield Partnership Commercial partnering & branding	**Governance & Compliance** Risk Management Board Secretariat Archives & Museums Information Governance **Group Development** Group Model APC **Performance** **Communications & Engagement** Public affairs & media Brand & reputation Staff communication **Informatics** Digital Strategy	Clinical Leadership Workforce & Prof Standards Safeguarding Infection Prevention Quality Governance Patient Experience, Insight and Patient & Community Engagement NMAHP Informatics	Research Education Academy Group Pharmacy Public Health
Group Support Services	**Group Operations** Outsourcing/ IS/Insourcing Cancer MDT and tracking PTL RTT governance and support	**Operational Procurement** Supply Chain Mgmt. Materials Mgmt. Contract Mgmt. Inventory Mgmt. **Operational Finance** Accounts Payable Accounts Receivable **Estates & Facilities** Waste Mgmt. PFI Contract Mgmt. Soft FM Contract Mgmt. Property Mgmt.	**People Services** Temporary Staffing E-Rostering Workforce analytics Recruitment ESR (workforce info) Registration authority Occupational Health Payroll		**Legal Services** **BI & Reporting** Data Quality Clinical Coding **Informatics** Technical Architecture Network & Security Server Management Clinical Systems ICT Service Desk Telephony & UC		
Hospitals	Directors of Finance	Director of Estates Soft FM* Local Health & Safety Fire Safety Hospital Estates Strategy Reception Services Security & Car parking	Directors of People Local HR Case Mgmt.				

Key

- Relationship Driven: GSS-led
- Hospital-led
- Non-Relationship Driven: GSS-led

Services devolved through a lead hospital model

Hosted	Devolved
Dementia & Delirium	Advocacy & Interpretation
Tissue Viability	Chaplaincy
Safeguarding	Hospital Pharmacy
Learning Disability	

Other Key Partnerships

Other Key Partnerships

The Trust has a range of key partnerships with other organisations. Some of these, such as Barts Charity and Queen Mary's University of London (QMUL), University College London Partnership (UCLP), have existed for a number of years and have continued to strengthen. For example Barts Life Sciences is a partnership between the Trust and QMUL. Others are more recent, reflecting changes nationally. Examples include the NHS East and South East London Pathology Partnership and the St Bartholomew's Hospital partnership with Nuffield Health. The Education Academy also has a number of partnerships with academic institutions. Where appropriate the Trust is represented on the Boards of these organisations (e.g. Barts Health Charity Board).

As outlined on the Group Model Diagram and earlier in this document, the Trust is part of the North East London Integrated Care System and is part of the Acute Provider Collaborative with Homerton Healthcare and Barking, Havering and Redbridge University Hospitals. Place-based partnerships are led by the Hospital CEOs and their teams.

It is beyond the scope of this Framework to outline all of these partnership arrangements, however specific focus has been given to the NHS East and South East London Pathology Partnership as this provides services to Barts Health patients, the Partnership receives corporate services from GSS or Group Leadership and Barts Health is the host and the pathology staff were transferred to Barts Health when the Partnership was set up.

As new partnerships are set up, specific oversight and accountability relationships will be agreed between the partner and the Trust as part of them being set up. This will include services provided to the Trust by the partnership and services provided by the Trust to the partnership.

NHS East and South East London Pathology Partnership

The NHS East and South East London Pathology Partnership (ESEL) is a collaboration between Barts Health, Homerton Healthcare and Lewisham and Greenwich to provide diagnostic pathology services. Barts Health has a number of relationships with the partnership:

Relationship	Description	Accountabilities
Host	• Staff employed by the Partnership are employed by Barts Health (clinical staff remain employed by their Trusts) • Staff survey results are part of Barts Health results • CQC registration for the Partnership is held by Barts Health • UKAS requirements for the Partnership is held by Barts Health	• Quarterly host review between the Trust and ESEL • Annual report to the Trust Board • The Strategic Management Board receives information that enables Barts Health representatives to give assurance to the Barts Health Board
Partnership Member	• Each of the three Trusts owns a proportion of the Partnership but have equal voting rights • Two executive directors from each Trust sit on the Strategic Management Board which meets monthly and has an independent chair • MHRA and Human Tissue Authority requirements remain with the individual partner organisations	• Two Barts Health Group Executives are members of the Strategic Management Board
Intelligent Customer	• Receive laboratory services from the partnership • Each Trust identifies a division/team to act as the intelligent customer on behalf of the Trust	• All hospitals have a representative at the intelligent customer meeting • Royal London HEB acts as the lead for Barts Health
Provider of Host Services	• Provide a range of corporate services through GSS which the Partnership pays for via a Service Level Agreement • This includes HR, Estates and IT	• Service Level Agreements in place between the Partnership and corporate services