Report to:	7U X V W %S RXDEUGL F	Agenda item:	SFT 4015
Date of Meeting:	$ S U L O		

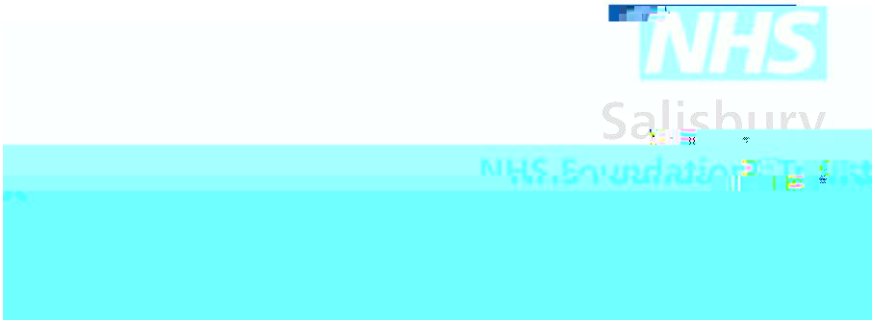
Report Title:	, Q W H J U D W H G * R Y H U Q D Q F H D Q G $ F F R X Q W D E L O L W \ ) U D P H Z R U N			
Status:	Information	Discussion	Assurance	Approval
				x
Prepared by:	$ Q G \ + \ H W W & K L H I 2 S H U D W L Q J 2 I I L F H U 'D Y L G 6 H D E U R R N H + H D G R I & R U S R U D			
Executive Sponsor (presenting) :	& K U L V W L Q H % O D Q K D U G & H F K L H I ([H F X W L Y H			
Appendices (list if applicable) :	, Q W H J U D W H G * R Y H U Q D Q F H) U D P H Z R U N x %R D U G & R P P L W W H H W H U P V R I 5 H I H U H Q F H x %R D U G & R P P L W W H H F R P S R V L W L R Q V %R D U G 6 W D Q G L Q J 2 U G H U V $ F F R X Q W D E L O L W \ ) U D P H Z R U N			

Recommendation:
7R D S S U R Y H W K H , Q W H J U D W H G * R Y H U Q D Q F H) U D P H Z R U N U H I H U H Q F H E R D U G & R P P L W W H H V 7R D S S U R Y H X S G D W H G E R D U G F R P P L W W H H F R P S R V L W L R Q V 7R D S S U R Y H P L Q R U D P H Q G P H Q W V W R W K H %R D U G 6 W D Q G L Q J 2 7R D S S U R Y H W K H X S G D W H G $ F F R X Q W D E L O L W \ ) U D P H Z R U N

Executive Summary:

Integrated Performance Framework

7 K H 7 U X V W D G R S W H G W K H , Q W H J U D W H G * R Y H U Q D Q F H
%R D U G ¶ V U H O D W H G R Q V K L S W Z L W K D Q G H V W K H U H O D W L R Q V K L S
G L U H F W R U D W H V D Q G L Q W R Y H O X G H V D U H D J U D P R I \
([H F X W L Y H U H S R U W L Q J W R W K H 7 U X V W 0 D Q D J H P H Q W & R P P L W



INTEGRATED GOVERNANCE FRAMEWORK

April 2018

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1. Introduction
2. Strategic Objectives
3. Scope of the Integrated Governance Framework
4. Elements of Governance
5. Integrated Governance Framework
6. Committees
7. Governance Support Arrangements
8. Sustainability & Transformation Partnership
9. Monitoring and Reporting Process

Appendix 1: Appendix 1: Overview of Committees that report to the Trust Board
Appendix 2: Committee Structure and Executive Accountability
Appendix 3 Board Committee ±summary of roles
Appendix 4A and 4B ±Executive Committees reporting to Trust Management Team and diagram of committees of the Board
Appendix 5:Accountability of Executive Directors
Appendix 6A Review of Committee effectiveness
Appendix 6B Terms of Reference of Committees of the Board
Appendix 7: Version Information

1. INTRODUCTION

Integrated Governance is the means by which the Trust Board controls and directs the organisation and its supporting structures, to identify and manage risk and ensure the successful delivery

W H D P V ¶

Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources.

3. SCOPE OF THE FRAMEWORK FOR INTEGRATED GOVERNANCE

Integrated Governance is based on the understanding that all elements of governance are important and they should not be managed in silos. To achieve focused decision-making and deliver strategic objectives, the Board considers all aspects of accountability in the round. This framework sets out the principal strands of governance and describes how Salisbury FT arrangements bring these together.

4 ELEMENTS OF GOVERNANCE

4

5 INTEGRATED GOVERNANCE FRAMEWORK

7KH IROORZLQJ GHVFULEHV WKH 7UXVW¶V ,QWHJUDWHG 3
Framework.

Committee	Membership	Principal Reporting Documents
Level 1: SFT Trust Board		
Trust Board	All directors	Corporate Strategy Other principal strategies ±e.g. People, Quality, I.T, Estates Budget, Capital Programme Annual reports on Health & safety, Information Governance, Risk Management Performance Reports ±quality, workforce, operations, finance Board Committee supporting information Customer Care and Legal Reports
Board Committees	Non-Executive Directors, CEO and lead Executives	Presentation on key performance information, including detailed information and actions on any key business targets currently being failed Scrutiny of the 7UXVW¶V FRPPHU holdings Scrutiny and assurance regarding risks and adequacy of actions Escalation actions from Directorate Performance Reviews (by exception)
↕		
Level 2 Review of Directorate Management		
Executive Performance Review Meetings	Lead Executives Directorate Management Team HR and Finance Business Partners	Detailed performance dashboard for Directorate Directorate commentary Risk Registers Other issues by exception

- Provide a forum for continuous improvement and development.
- The DMC will ensure that clinical specialties have relevant supporting/ parallel working arrangements.

Executive and Committees

6.10 Accounting Officer – Chief Executive

Under the Accounting Offi

7. GOVERNANCE SUPPORT ARRANGEMENTS

Quality Directorate
The Quality Directorate provides trust-wide guidance, facilitation & support for the following elements of the integrated governance agenda, linked to Directorates:

- Collecting and storing evidence to support external assessments and preparing submissions to the CQC and NHS Resolve.
- Monitoring compliance with NICE guidelines and standards, alerts and other national frameworks.
- 3 U R G X F L Q J W K H 7 U X V W ' Q Q X D O 4 X D O L W
- Practice development associated with Patient Safety.
- CQUINs and clinical audit element of the annual contract.
- Risk management, including operational and corporate risk registers.
- Serious, critical and other Incident investigation and reporting.

9. MONITORING AND REPORTING PROCESS

The Trust Board monitors the delivery of this framework primarily through reporting to the following committees:

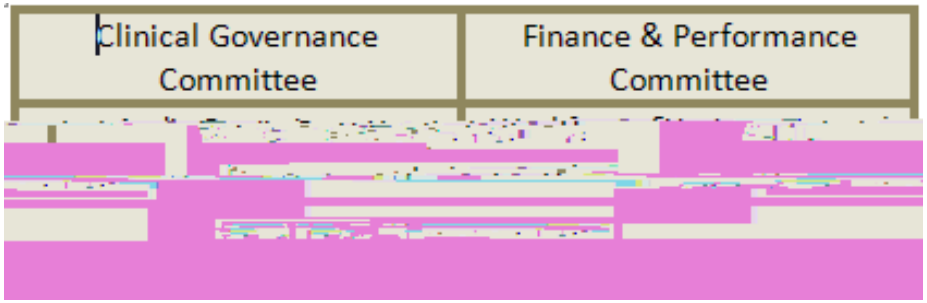
- Audit
- Finance & Performance
- Clinical Governance
- Strategy
- Workforce

In addition, reports will be received from internal and external audit, and other regulatory bodies and their inspections evidenced by integrated reports to provide further assurance directly to Trust Board, such as equalities, infection control or safe working for trainees.

All committees receive reports and regular monitoring information as set out in the workstream structures. This covers all principal strands of governance as part of the Trust-wide assurance framework.

Appendix 1: Overview of Committees that report to the Trust Board

Reporting comprises an Escalation Report prepared by the Chairman of the committee and Lead Executive, and is supported by the minutes presented to the Trust Board.



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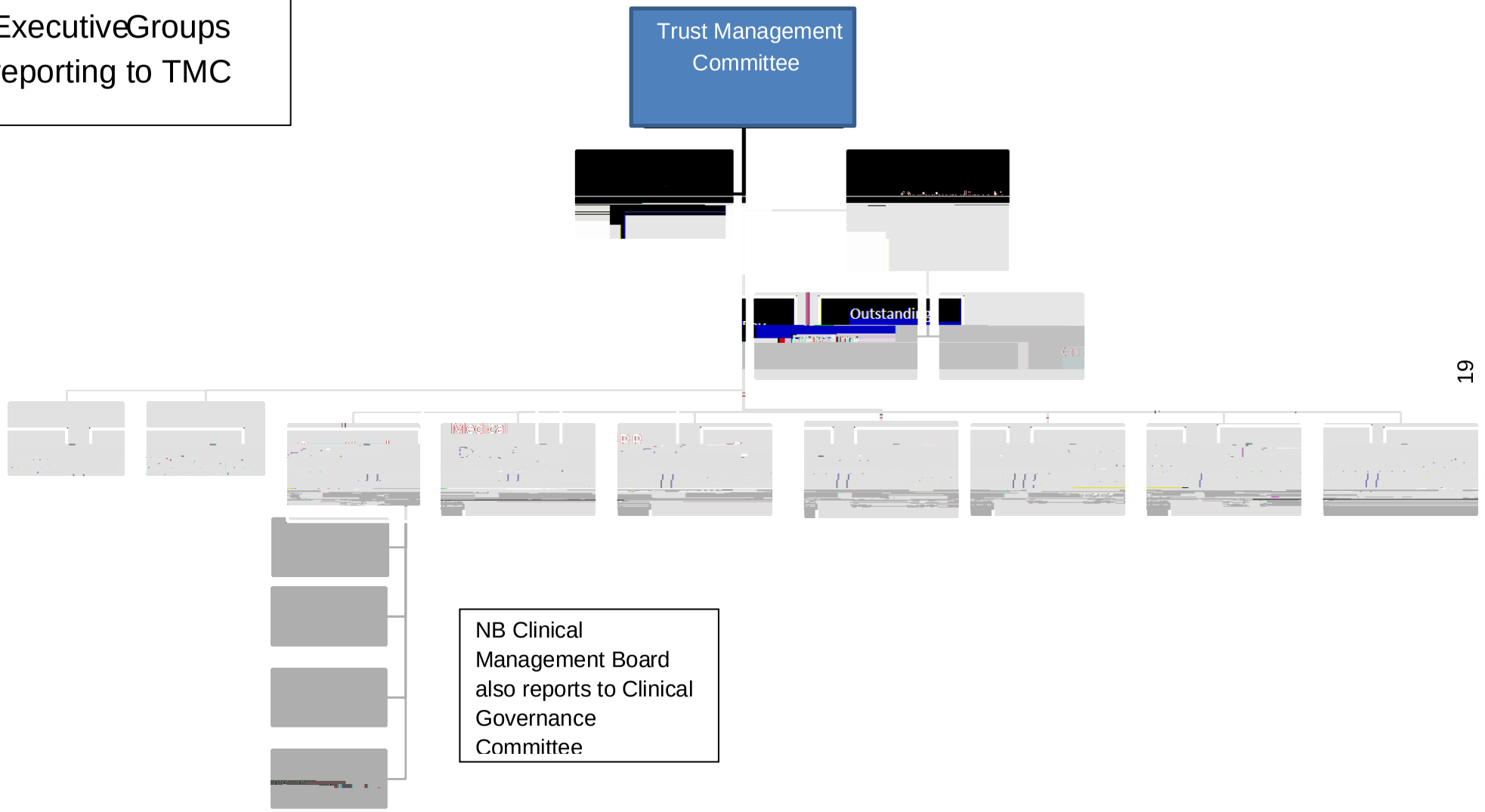
Themes Professional leadership Responsible Officer (Medical Appraisal) Clinical Effectiveness Caldicott Guardian Mortality reviews Research Medical Education	Themes Nursing, Midwifery, Therapy workforce Patient safety Patient experience Risk management Litigation; Customer Care µ o š v Z] o safeguarding DIPC	Themes Cost Improvement Operational Performance Facilities Medical Equipment Emergency planning	Themes Financial Recovery Plan Contracting Procurement Financial Control Trust-owned companies Capital control	Themes Organisational Development Education Equalities Occupational Health Volunteers	Themes Informatics Estates Site development Policy planning STP SIRO

Directorate Management Committees			
Medicine	Surgery	Clinical Support & Family Services	Musculo-skeletal

Committee	Frequency	Principal Functions
Remuneration Committee	Six Monthly	The purpose of the Committee is to ensure there is a fair and transparent procedure for developing and maintaining policy on executive remuneration and for setting the remuneration packages of individual Directors. Specifically, the Committee will make decisions, on behalf of the Board, on the appropriate remuneration and terms of service for the Chief Executive, Executive Directors within the remit of the Remuneration Committee, including: x all aspects of salary, including any performance related/bonus elements; x arrangements for termination of employment and other contractual terms; x monitor and evaluate the performance of the Chief Executive and Executive Directors; x succession planning
Strategy Committee	Bi-monthly	x Development of the Trust Strategy x Monitoring of delivery of the trust strategy x Oversight of the One Estate project x Development of new models of care x Development of Digital Strategy
Workforce Committee	Bi-monthly	To provide assurance on: x Workforce Effectiveness Programme x HR Strategy x Scrutiny of Workforce Performance x Organisational Development x Policies and Procedures x Key workforce KPIs x Compliance with employment legislation x Educational and professional development x Recruitment and retention x Staff engagement x Change Management x Occupational therapy and counselling services
Charitable Trustees	Every four months	The Trust Board is the Corporate Trustee of the Salisbury Foundation Trust Charity and manage the Charitable Funds: x To oversee the investment policy of the Charitable Funds consider applications for funding x To ensure that the duties of trustees of Salisbury NHS Foundation Trusts Charitable Funds are complied with

Appendix 4
Executive Groups reporting to TMC



Appendix 6A ±

Appendix 6 B ±Terms of Reference of Board Committees [to be added]

Appendix 7: Version control

Document Title	Integrated Governance Framework
Date Issued/Approved:	12 April 2018
Date Valid From:	1 April 2018
Date Valid To:	28 February 2021
Directorate / Department responsible (author/owner):	Head of Corporate Governance
Brief summary of contents	Description of the integrated governance operated within the Trust. It is designed to ensure the delivery of high quality patient focussed care from an organisation that is well managed, cost effective and has a well-trained and motivated work force.
Executive Director resp onsible for Policy:	Chief Executive
Date revised:	20 February 2018
Approval route (names of committees)/consultation:	Chief Executive in consultation with trust board
Name and Post Title of additional signatories	Not Required

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
1 March 2017	V1.0	Initial Issue	David Seabrooke Head of Corporate Governance
1 April 2017	V2.0	Completed version	David Seabrooke Head of Corporate Governance
8 August 2017	V 3.0-	Amended Exec responsibilities from aw	

NEDs	Nick Marsden	Tania Baker	Michael Marsh	Michael von Bertele	Paul Kemx

NOTES

Ch = Chair X = member of the committee A = advisor L = member and lead exec

vc = vice chair

Chair and Chief Executive will visit committees that they are not members of. The Audit Committee expects senior representation from departments where internal audit reports are presented.

Workforce Committee Terms of Reference

1. Purpose

(DFK PHPEHU PXVW QRPLQDWH D GHSXW\ WR DWWHQ
XQDEOH WR RU RWKHUZLVH GLVTXDOLILHG IURP DFW
WR ZDUG TXRUXP

4XRUXP

4XRUXP VKDOO EH DW OHDVW KDOI WKH PHPEHUV E
RQH 1(RQ FXWLYH PHPEHU RU QRPLQDWHG GHSXW\

$Q\ RQH PHPEHU RI WKH FRPPLWWHH FDQ UHTXHVW
WKH FRPPLWWHH EH DUUDQJHG WR FRQVLGHU WKH

$WWHQGDQFH

0HHWLQJV RI WKH &RPPLWWHH VKDOO QRUPDOO\ EH

'HSXW\ 'LUHFWRU RI 'LUHFWRU RI 0HGLFDO (GX
+HDG RI /HDUQLQJ DQG 'HSXW\ 'LUHFWRU RI 1XUVL
'HYHORSPHQW

$QG RWKHUV E\ LQYLWDWLRQ

4. Roles and R esponsibilities (not delegated unless otherwise stated)

$VVLJQHG DUHD RI UHVSRQVLELOLW\ 'LUHFWRUV
DVVXUDQFH RQ VWDIILQJ PDWWHUV RUJDQLVDWLR
DQG GHGLFDO WUDLQLQJ DQG UHFUXLWPHQW

$VVXUDQFH)UDPHZRUN DQG 6WUDWHJLF 3XUSRVH
DVVXUDQFH IUDPHZRUN LV NHSW XQGHU UHJXODU UH

7KH GXWLHV RI WKH FRPPLWWHH DUH WR GHWHUPLQH
UHVSRQVLELOLW\ WKH IROORZLQJ KHDGLQJV

4.3.1. Strategy: Development and Review

3HRSOH 6WUDWHJ\

3HRSOH DVSHFW RI WKH &OLQLFDO 6WUDWHJ\

4.3.2. Assurance Framework: review , update and comment

3HRSOH 6WDIILQJ

4.3.3. Review of Trust activity in assigned area

- 'HYHORS DQG PRQLWRU SODQV DQG NH\ SHUIRUPD PDWWHUV
- &RQVLGHU DQ\ QHZ LQLWLDWLYHV WR DVVLVW ZLW RI WKH 7UXVW DQG ZKHUH DSSURSULDWH PDNH U %RDUG
- 5HYLHZ RQ KHDOWK DFWLYLWLHV ZKLFK FRXOG LP WKH 7UXVW
- 7R UHFHLYH DQG \GULHVUHSRQVH VSURSRVLQJ QHZ LQ EHIRUH WKHLU VXEPLVVLRQ WR WKH 7UXVW %RDUG
- 7R UHFHLYH UHSRUW RI WKH *RYHUQDQFH %RDUG RQ PHGLFDO WUDLQHHV H[FHSWLRQ UHSRUWV

4.3.4. Scr4.

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- ,QWHJUDWHGXDUGLQJ &RPPLWWHH 0LQXWHV DQG UHTXDUWHUO\ UHSRUWV SUHVHQWHG WR WKH &*&
-

$ 1 R (Q H F X W L Y H ' L U H F W R U V K D K D O L E H R I D V V X U L Q P H G L W W H

7 K H G H V L J Q H D P W H G V

4.2.2. Assurance Framework: review , update and comment

$FW DV DQ $VVXUDQFH &RPPLWWHH RI WKH 7UXVW
YLD WKH $VVXUDQFH)UDPHZRUN DQG 5LVN 5H
SUHVHQWHG WR WKH&RPPLWWHH EL

4.2.3. Review of Trust activity in assigned area

- x 0RQLWRU WKH ILQDQFLDO SHUIRUPDQFHV RI WK SODQVWDNLQJ VXFK UHPHGLDO DFWLRQ DV FRQVLG
- x $SSURYH DQ\ RWKHU ILQDQFLDO LQIRUPDWLRQ DFFRXQWDEOH DXWKRULW\ RU UHJXODWRU
- x 5HYLHZ DQ\ ILQDQFLDO DFWLYLWLHV WU ZKLFK LQIRUP RU UHSRUW UHSXWDWLRQ RI WKH 7UXVW

4.2.4. Scrutiny of Integrated Performance R eport

7R VFUXWLQLVH WKH PRQWKO\ ILQDQFLDO UHSRUW

4.2.5. Policy monitoring and review

- x 7R UHFHLYH DVVXUDQFH IURP WKH 2XWVWDQGLQ GHOLYHU\ RI WKH)LQDQFLDO 5HFRYHU\ 3ODQ
- x $SSURYH WKH GHYHORSPHQW RI ILQDQFLDO UHS)RXQGDWLRQ 7UXVW)LQDQFLDO 5HJLPH
- x 0RQLWRU WKH DFWLYLWLHV DQG SHUIRUPDQFH F

4.2.6. Oversight of implementation of audit recommendations
$V UHIHUUHG E\ $XGLW &RPPLWWHH

5. Conduct of B usiness

$GPLQLVWUDWLRQ

7KH &RPPLWWHH *RYHUQDQFH DUUDQJHPHQWV WR WKH &RPPLWWHH

E0`

)UHTXHQF\

7KH &RPPLWWHH PXVW FRQVLGHU WKH IUHTXHQF\ DQ
WR DOORZ LW WR GLVFKDUJH DOO RI LWV UHVSRQVL

0HHWLQJV ZLOO EH KHOG DW OHDVW RQFH D \HDU ZLWK DGGLW
ZKHUH QHFHVVDU\

1RWLFH RI PHHWLQJV

$Q DJHQGD RI LWHPV WR EH GLVFXVVHG ZLOO EH IRU
&RPPLWWHH DQG DQ\ RWKHU SHUVRQ UHTXLUHG W
ZRUNLQJ GD\V EHIRUH WKH GDWH RI WKH PHHWLQJ
WR &RPPLWWHH PHPEHUV DQG WR RWKHU DWWHQGH
WLPH

,Q QRUPDO FLUFXPVWDQFHV D PLQLPXP QRWLFH S
JLYHQ IRU DQ\ RWKHU PHHWLQJV RI WKH &RPPLWWH
DUUDQJHG DW VKRUWHU QRWLFH LI WKLV LV DSSUR
PDMRULW\ RI WKH PHPEHUV RI WKH &RPPLWWHH

5HSRUWLQJ

0LQXWHV RI &RPPLWWHH PHHWLQJV ZLOO EH UHFR
FRQILUPHG DV DFFXUDWH DW WKH QH[W PHHWLQJ RI

7KH &KDLU RI WKH &RPPLWWHH VKDOO RUGLQDULO\ W
LVVXHV WKDW UHTXLUH GLVFORVXUH RU HVFDODWLR
VKDOO DOVR UDLVH DQ\ VLJQLILFDQW FRQFHUQV
XQGHUWDNHQ GLUHFWO\ ZLWK WKH %RDUG LQ D WLP

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UHIOHFWHG ZLWKLQ LWV 7HUPV RI 5HIHUHQFH

6. Review

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&RPPLWWHH VKDOO FRQGXFW DQQXDO UHYLHZV DQG
LWV GXWLHV DV UHIOHFWHG ZLWKLQ LWV 7HUPV
FRQFOXVLRQV DQG UHFRPPHQGDWLRQV IRU FKDQJH
$V SDUW RI WKLV DVVHVVPHQW WKH &RPPLWWHH V
UHFHLYHV DGHTXDWH DQG DSSURSULDWH VXSSRUW
ZKHWKHU RU QRW LWV FXUUHQW ZRUNORDG LV PDQD
7KHVH WHUPV RI UHIHUHQFH ZHUH UHYLHZHG DW W
FRPPLWWHH DQG ZHUH DSSURYHG LQ D UHYL
WKH %RDUG RQ $SULO

ii) Assurance Framework: review, update and comment

5HYLHZ WKH UHOHYDQW HOHPHQWV RI WKH $VVXU
5HJLVWHUV\RQUDOKEOVLV

iii) Review of Trust activity

5HYLHZ WKH DQQXDO UHSRUW RI WKH +HDG RI ,Q
FRQWHQW VDWLVILHV WKH UHTXLUHPHQWV RI W
6WDWHPHQW VLJQHG DQQXDOO\ E\ WKH &KLHI
$FFRXQWLQJ 2IILFHU
0RQLWRU WKH SROLFLHVRPSOLDQFHQVZLWKJUHOHYDQ
OHJDO DQG &RGH RI &RQGXFW UHTXLUHPHQWV
5HYLHZ DFFRXQWLQJ SROLFLHV
5HFHLYH D UHSRUW DW HDFK PHHWLQJ RQRP WK
DXGLW UHSRUWVQG FRPSOHWHPHQW¶V UHVSRQVH 8Q
VLJQLILFDQWV WKLV ZLOO QRW QRUPDOO\ LQFO
UHSRUWV EXW WKHVH ZLOO EH DYDLODEOH W
UHTXHVW
5HYLHZ WKH ([WHUQDO $XGLWRU¶V DQQXDO PD
7UXVW¶V UHVSRQVH
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FRPSOHDZQWK VWDQGLQJ RUGHUV RU VWDQGLQJ I
5HYLHZ WKH VFRSH RI LQWHUQDO FRQWURO DU
WKDW WKH UHVSRQVLELOLW\ IRU VXFK FRQWURO
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UHFRPPHQGDWLRQV WR WKH 7UXVW %RDUG DV QHF
5HYLHZ WKH GUDIW DQQXDO ILQDQFLDO VWDWHP
7UXVW %RDUG IRFXVLQJ LQ SDUWLFXODU RQ

- $Q\ FKDQJHV LQ DFFRXQWLQJ SROLFLHV DQG SU
- 0DMRU MXGJPHQWDO DUHDV
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W K H

Strategy Committee Terms of Reference

1. Purpose

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Date Adopted	0DUFK
Review Frequency	$QQXDO
Terms of Reference D rafting	'LUHFWRU RI &RUSRUDWH 'HYHORSP
Review and A pproval	6WUDWHJ\ &RPPLWWHH
Adoption and ratification	%RDUG RI 'LUHFWRUV

2. Authority

7KH %RDUG 'LUHFWRUV UHVROYHV WR HVWDEOLVK D %RDUG WR EH NQRZQ DV WKH 6WUDWHJ\ &RPPLWWHH

7KH &RPPLWWHH LV D VWDQGLQJ FRPPLWWHH RI %RDUG

3. Membership and A ttendance

0HPEHUVKLS

7KH &RPPLWWHH VKDOO EH DSSRLQWHG IURP DPRQJ WKH %RDUG DQG VKDOO FRQV RI

- 1RQ([HFXWLYH 'LUHFWRUV
- &KLHI ([HFXWLYH 2IILFHU
- 'LUHFWRU RI &RUSRUDWH 'HYHORSPHQW
- 'LUHFWRU RI)LQDQFH
- 'LUHFWRU RI 1XUVLQJ 0HGLFDO 'LUHFWRU

$ 1RQ([HFXWLYH 'LUHFWRU VKDOO EH DSSRLQWHG &KDLU RI

7ZR FOLQLFDO PHPEHUV RI VWDII VKDOO EH LQYLWHG

(DFK PHPEHU PXVW QRPLQDWH D GHSXW\ WR DWWHQ XQDEOH WR DWWHQG GHSXWLHV ZLOO KDYH YRWLQJ ULJKWV

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$ Q \ R Q H P H P E H U R I W K H F R P P L W W H H F D Q U H T X H V W
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4. Roles and R esponsibilities (not delegated unless otherwise stated)

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6 W U D W H J \ ' H Y H O R S P H Q W

x 7 R R Y H U V H H W K H G H Y H O R S P H Q W R I W R L W W P _ O

5. Conduct of Business

$GPLQLVWUDWLRQ

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7KH &RPPLWWHH VKDOO EH VXSSRUWHG E\ &RUSRUDWH*RYHUQDQFH VWDII *RYHUQDQFH ZKRVH GXWLHV LQ WKLV UHVSHFW ZLO

- DJUHHPHQW RI DJHQGDV ZLWK &KDLU DQG DWW SDSHUV
- WDNLQJ WKH PLQXWHV
- NHHSLQJ D UHFRUG RI DFWLRQV DQG GHFLVLRQV DUULHG
- DGYLVLQJ WKH &RPPLWWHH RQ SHUWLQHQW LVV
- SURYLVLRQ RI D KLJKOLJKW UHSRUW RI WKH NH %RDUG RI 'LUHFWRUV DW HDFK RI LWV PHHWLQJV SXEOLFLVH SRVVLEOH

)UHTXHQF\

7KH &RPPLWWHH PXVW FRQVLGHU WKH IUHTXHQF\ DQ WR DOORZ LW WR GLVFKDUJH LWV UHVSRQVLELOLWLHV HIIHFWLYHO VLWLWLPHV SHU \HDU ZLWK DGGLWLRQDO PHHWLQJV ZK

1RWLFH RI PHHWLQJV

$Q DJHQGD RI LWHPV WR EH GLVFXVVHG ZLOO EH IRU &RPPLWWHH DQG DQ\ RWKHU SHUVRQ UHTXLUHG W ZRUNLQJ GD\V EHIRUH WKH6XSSRUWLQJ SDSHUV &RPPLWWHH PHPEHUV DQG WR RWKHU DWWHQGH WLPH

,Q QRUPDO FLUFXPVWDQFHV D PLQLPXP QRWLFH S JLYHQ IRU DQ\ RWKHU PHHWLQJV DUUDQJHG DW VKRUWHU QRWLFH LI WKLV LV DSSUP DMRULW\ RI WKH PHPEHUV RI WKH &RPPLWWHH

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7KH &RPPLWWHH ZLOO UHSRUW WR WKH %RDUG RQ WKH SHUIRUPDQFH RI LWV GXWLHV DV UHIOHFWHG ZLWKL

7KH &RPPLWWHH ZLOO UHSRUW WR WKH %RDUG RI ' HIIHFWLYHQHVV VHOI-DVVHVVPHQW7HUPV RI 5HIHUHQFH

standing orders

0DGH XQGHU SD
RI 7KH &RQVV

CONTENTS

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INTRODUCTION
SECTION I. MEETINGS
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WR WLPH E\ WKH %RDUG DQG DSSURYHG E\ WKH &RXQFLO RI
LV WKH µ$FFRXQWLQJ 2IILFHU

7KH WHUP 'LUHFWRU RI)LQDQFH PHDQV WKH F
DSSRLQWHG IURP WLPH WR WLPH E\ WKH %RDUG
RWKHU UHVSRQVLELOLWLHV

7KH WHUP µ'LUHFWRU¶ VKDOO EH XVHG LQ WKH
PHPEHUV RI WKH 7UXVW %RDUG DQG VKDOO EH GHHPHG WR
1RQ([HFXWLYH 'LUHFWRUV DQG WKH &KDLUPDQ

7KH WHUP µ([HFXWLYH 'LUHFWRU VKDOO LQFRUSRUDWH
)LQDQFH 'LUHFWRU RI 1XUVLQJ 0HGLFDO 'LUHFWRU RI
2UJDQL]DWLRQDO 3HUIRUPDQFH 2SHUDWLQJ 2IILFHU

7KH WHUP µ GHQRWHV
OHYHO H[HFXWLYH JURXS LQ WKH 7UXVW DQG FRQVLVWV RI
%RDUG WRJHWKHU ZLWK &OLQLFDO 'LUHFWRUV DQG RWKHU
([HFXWLYH

7KH µ&DSLWDO &RPPLWWHH¶ RI WKH
DQG DFWV RQ EHKDOI RI WKH -RLQW %RDUG R
RI FDSLWDO

7KH WHUP µ+HDG RI &RUSRUDWH *RYHUQDQFH¶ UH
UHVSRQVLEOH IRU VHUYLFLQJ WKH %RDUG DQG LWV &RPPL
IURP WLPH WR WLPH 7KH SRVW UHSRUWV WR WKH

(VWDWHV 'HYHORSPHQW 0DQDJHU UHIHUV WR WKH
EH SURIHVVLRQDOO\ UHVSRQVLEOH IRU WKH 7UXVW

µ*HQHUDO 0DQDJHUV 7HFKQLFDO 6HUYLFHV¶ UHIH
IURP WLPH WR WLPH WR EH SURIHVVLRQDOO\ UHVSRQVLE
GHYHORSPHQW LQ WKH 7UXVW

7KH WHUP %XGJHW PHDQV DQ DSSURYHG

I. MEETINGS

(Constitution paragraph 34)

1 CALLING MEETINGS

5. RECORD OF ATTENDANCE

7KH QDPHV RI 'LUHFWRUV SUHVHQW DW D 7UXVW %R VXFK DWWHQGDQFH UHFRUG DQG WKH QXPEHU RI PHHWLQJV DWWHQGHG E\ HDFK GLUHFWRU GXULQJ WKH SHULRG

,— V E ` Ì ™g†`–x € € p L Â r

1RWLFH RI D PRWLRQ WR UHVFLQG DQ\ UHVROXWLRQ
ZKLFK KDV EHHQ SDVVHG ZLWKLQ WKH SUHFHGLQJ VL[FDOHQGDU P
'LUHFWRU ZKR JLYHV LW DQG DOVR WKH VLJQDWXUH RI WZR RWKHU
EHHQ FRQVLGHUHG DQG GLVPLVVHG E\ WKH 7UXVW LW VKDOO QRW
WKH &KDLUPDQ WR SURSRVH

III. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

(Constitution paragraph 47)

IV. APPOINTMENT OF DIRECTORS

21. [not used]

22. DIRECTORS

(a) Composition and qualifications.

(i) A Board shall consist of not less than three nor more than nine Directors, the exact number of which shall be fixed from time to time by the Chairman of the Executive Committee or by the Board of Governors. The appointment of each Director shall be confirmed by the Board of Governors. Directors shall be elected by the Chairman of the Executive Committee and will be removable by the Chairman of the Executive Committee or by the Board of Governors.

(ii) For the appointment of Executive Directors, the Chairman of the Executive Committee shall determine the appropriate professional and personal qualifications required of such Directors, taking into account the functions and duties to be performed by such Directors.

(iii) The Chairman of the Executive Committee shall consult as he deems appropriate with Governors and Executive Directors before appointing Executive Directors. The Chairman of the Executive Committee shall also consult as he deems appropriate with Governors before appointing Non-Executive Directors and the Chairman of the Board.

(iv) Executive Directors shall be appointed from the Executive Directors' Pool or from the staff of the Trust Fund. Non-Executive Directors shall be appointed from persons who are not officials of the Bank or the Trust Fund.

(v) The Chairman of the Executive Committee shall endeavor to appoint Directors who are representative of the membership of the Bank and who are able to function as a collegial body.

(b) Terms of office.

(i) Directors shall be appointed for terms of two years and may be reappointed for additional terms.

(ii) Directors shall remain in office after the expiration of their terms until their successors are appointed.

(iii) If the office of a Director becomes vacant more than 180 days before the expiration of his term, a successor shall be appointed for the unexpired portion of the term.

(c) Chairman of the Board.

(i) The Chairman of the Executive Committee shall appoint a Non-Executive Director as Chairman of the Board.

(ii) The Chairman of the Board shall preside at meetings of the Board and shall perform such other functions as may be assigned to him by the Chairman of the Executive Committee.

(iii) The Chairman of the Board shall be appointed for a term of two years and may be reappointed for additional terms.

(iv) The Chairman of the Board shall remain in office after the expiration of his term until his successor is appointed.

(v) If the office of Chairman of the Board becomes vacant more than 180 days before the expiration of his term, a successor shall be appointed for the unexpired portion of the term.

25. MANAGEMENT OF RISK ARRANGEMENTS

7KH &KLHI ([HFXWLYH VKDOO HQVXUH WKDW WKHUH D
ULV

:KHUH D GHFLVLRQ QRUWRRWKHUZLVH LV WDNHQ E ([HFXWLYH GXH WR XUJHQF\ VXFK GHFLVLRQ VKDOO EH UHSRUWHG DIWHUZDUGV

33. PROVISION OF DOCUMENTATION

$ 'LUHFWRU VKDOO EH HQWLWOHG WR REWDLQ RU KDYH DFFHVV WR DQ\ GRFXPHQW 7UXVW LV D SDUW\ VXEMHFW WR FRQVWUDLQWV RI FRQILGHQWLDOLW\ PD\ KDYH LQ VXFK GRFXPHQWDWLRQ

34. INTERPRETATION OF STANDING ORDERS

7KH &KDLUPDQ RI WKH 7UXVWHHV VKDOO KDYH WKH ILQDO GHFLVLRQ LQ WKH 2UGHUV RQ ZKLFK KH PD\ EH DGYLVHG E\ WKH &KLHI ([HFXWLYH &RUSRUDWH *RYHUQDQFH RU LQ WKH FDVH RI 6WDQGLQJ)LQDQFH)LQDQFH

Accountability Framework

2018/19

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PERFORMANCE FRAMEWORK

The performance function will oversee the delivery of all elements of Trust performance throughout the year, including service performance and quality of care, linked to the delivery

Theme	Information used	Triggers
Quality of care (safe, effective, caring, responsive)	X CQC information X Quality information X 7 day services	X CQC rating of 'inadequate' or 'requires improvement' in overall rating, or against any of the key questions for - 'Safe' - 'Caring' - 'Effective' - 'Responsive' X CQC warning notices relating to the directorates' core areas X Any other material concerns identified through, or relevant to, CQC's monitoring process, such as civil or criminal cases raised or raising concerns information X Concerns arising from trends in Quality Indicators X Failure to deliver against agreed commitments regarding the four priority standards for seven- day hospital services X Any other material concerns about a providers quality of care arising from intelligence gathered
Finance and use of resources	X A monthly finance score (Trust level) X A use of resources assessment (where available) X Other relevant information on financial performance, operational productivity and whether a directorate is making optimal use of its resources	X Poor levels of overall financial performance, such as monthly finance score of 4 or 3 (at Trust level) X A use of resources rating of 'inadequate' or 'requires improvement' (at Trust level) X Any other material concerns about a directorate's finances or use of resources formanc

Strategic change	x Extent to which directorates and departments are working with partners to address local challenges and to improve services for patients x Directorate's contribution to developing, agreeing and delivering the objectives of sustainability and transformation partnerships (STPs) x Nature of directorate's relationships with local partners, their role in any agreed service transformation plans and how far these plans have been implemented	x Material concerns about support for the local transformation agenda, including (where relevant) new care models and devolution
Leadership and improvement capability (well-led)	Effective Boards and Governance: x CQC well led inspections and outcomes of developmental well-led reviews where these generate material concerns relating to directorates x Information from third parties eg Healthwatch, MPs, complaints, whistleblowers, coroners' reports x Staff/patient surveys x Level of directorate management team turnover x Organisational health indicators x Delivering Workforce Race Equality Standards (WRES) Continuous improvement capability: x Assessments of learning, improvement and innovation within well-led reviews undertaken by CQC or in developmental reviews using the well-led framework Use of data: x Adoption of measurement-for-improvement approach	x CQC 'inadequate' or 'requires improvement' assessment against 'well-led' in relevant core areas x Concerns arising from trends in directorate health indicators x Other material concerns about a directorate's governance, leadership and improvement capability

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	Maternity Scores from Friends and Family Test - % positive	Caring	Monthly	NHSE (publicly available)
	Percentage of Harm Free Care	Safe	Monthly	NHSE (publicly available)
	Percentage of new harms	Safe	Monthly	NHSE (publicly available)
	VTE Risk Assessment	Safe	Quarterly	NHSE (publicly available)
*	Clostridium Difficile - variance from plan	Safe	Monthly	PHE (publicly available)
	Clostridium Difficile - infection rate	Safe	Monthly	PHE (publicly available)
*	MRSA bacteraemias	Safe	Monthly	PHE (publicly available)
	Hospital Standardised Mortality Ratio (DFI)	Effective	Quarterly	DFI
	Hospital Standardised Mortality Ratio - Weekend (DFI)	Effective	Quarterly	DFI
	Summary Hospital Mortality Indicator	Effective	Quarterly	HSCIC (publicly available)
	Emergency re-admissions within 30 days following an elective or emergency spell at the Provider	Effective	Monthly	HES

- Urgent GP referral for suspected cancer - NHS cancer screening service referral		90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%

Monthly performance packs will be produced which outline current performance against plan or set targets. Directorates will be expected to respond to any concerns or risks highlighted within the performance reports to the Executive Performance Review meetings. Any additional assurance sought by way of recovery plans or increased monitoring of specific measures will be overseen by the performance function and monitored through the weekly performance meeting.

Financial Performance

The financial metrics show the Trust's financial sustainability, efficiency and controls relating to high profile policy imperatives such as agency staffing, capital expenditure and the overall financial performance of the Trust.

The scoring mechanism for the metrics mirror the Single Oversight framework and scoring from 4 (poorest) to 1 (best). A score of 3 or 4 will trigger a concern with NHS Improvement and trigger potential or mandated support.

Trust Level Finance Metrics

Area	Metric	Definition
Financial sustainability	Capital service capacity	Degree to which the provider's generated income covers its financial obligations
	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown
Financial efficiency	Income and expenditure (I&E) margin	I&E surplus or deficit / total revenue
Financial controls	Distance from financial plan	Year-to-date actual I&E margin (surplus/deficit) in comparison to Year-to-date plan I&E margin (surplus/deficit) on a control total basis

Directorate level finance metrics

Metric	Considerations
Revenue	Spend versus budget for pay and non pay
Income	Income in line with contracts and production plan
Cost Improvement Plans	Delivery against cost improvement trajectories and plans

Use of Resources Assessments

NHS Improvement's Use of Resources assessments aim to understand how effectively trusts are using their resources to provide high quality, efficient and sustainable care for patients. NHS Improvement will do this by assessing how well trusts are meeting financial controls, how financially sustainable they are and how efficiently they use their workforce, clinical and operational services to deliver high quality care for patients. NHS Improvement will introduce Use of Resources assessments alongside the CQC's new inspection approach from autumn 2017.

Use of resources area	Key lines of enquiry (KLOEs)	Initial metrics
Clinical services	How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?	

Support needs and segment descriptions

The support offered by NHS Improvement will be Trust specific but is defined below:

Trust's plan. The decision to escalate will be taken by the Trust's Executive Directors at the Executive Performance Review meetings.

Additional interventions will range from putting in place a support package for a particular area of performance, such as peer review, Intensive Support Team (e.g. ECIST support for Emergency Care) supported by the Project Management Office (PMO) where applicable. More serious measures, such as removal of delegated directorate budgets, should there be significant deterioration in performance which does not appear recoverable will also exist, though it is expected that such measures would only be implemented in extreme circumstances.

GOVERNANCE

Throughout this document the term Directorates is used to describe the following clinical and corporate directorates;

- Surgery
- Musculo Skeletal Services
- Medicine
- Clinical Support and Family Services
- Facilities Directorate

Monthly Executive Performance Review meetings will take place with each of the above Directorates. Once in Quarters 1 and 3, Executive Performance Review meetings will be Chaired by the CEO. All Directorates will receive a RAG rating and escalation will be the same for Directorates as outlined on page 14.

Additional information to support the Governance process is provided in the attached Appendices;

- Appendix 1 – Directorates to Board flow chart
- Appendix 2 - Trust Management Committee Terms of Reference
- Appendix 3 - Directorate Management Committee Terms of Reference
- Appendix 4 – Executive Performance Meeting Agenda
- Appendix 5 – Directorate Management Committee Agenda

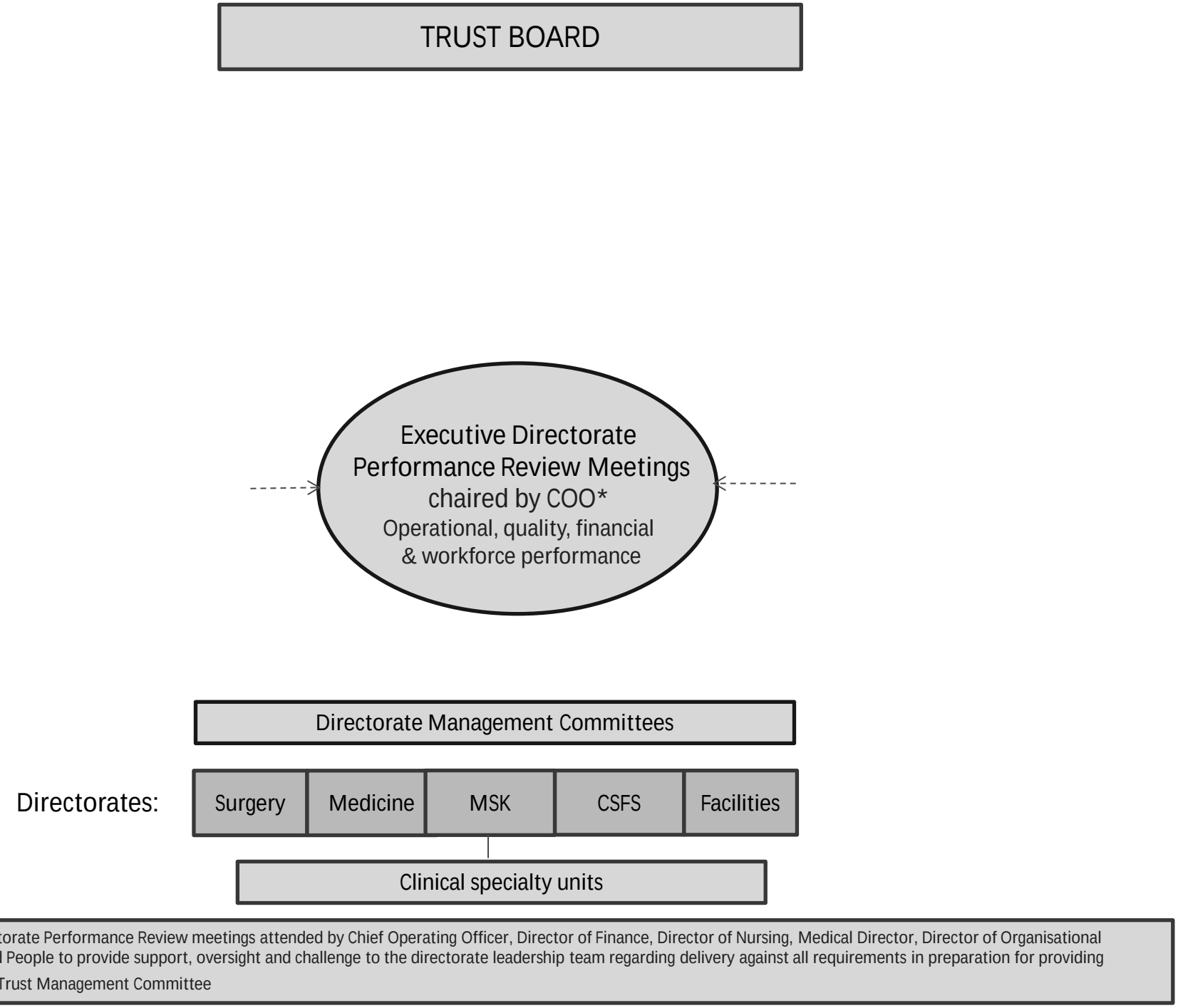
Version control

Document Title	Accountability Framework 2018/19
Date Issued/Approved:	12 April 2018
Date Valid From:	12 April 2018
Date Valid To:	31 March 2019
Directorate / Department responsible (author/owner):	Chief Operating Officer
Brief summary of contents	This document provides a framework for how the Trust will maintain and manage its performance and focuses on the accountability relationship between the Executive and the management of the five directorates that are subject to performance review meetings.

Related Documents	Integrated Governance Framework April 2018
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by


TRUST BOARD
Executive Directorate Performance Review Meetings chaired by COO*
Operational, quality, financial & workforce performance
Directorate Management Committees
Directorates:
Surgery
Medicine
MSK
CSFS
Facilities
Clinical specialty units
* Executive Directorate Performance Review meetings attended by Chief Operating Officer, Director of Finance, Director of Nursing, Medical Director, Director of Organisational Development and People to provide support, oversight and challenge to the directorate leadership team regarding delivery against all requirements in preparation for providing assurance to the Trust Management Committee

APPENDIX 2

Trust Management Committee
Terms of Reference

1. Purpose

1.1. This Committee is established by Chief Executive as the senior executive committee of Salisbury Foundation Trust.

Date Adopted	21 February 2018
Review Frequency	Annual
Terms of Reference Drafting	Head of Corporate Governance
Review and Approval	Joint Board of Directors
Adoption and ratification	Joint Board of Directors

2. Authority

2.1. The Chief Executive has established an Executive Committee to be known as the Trust Management Committee (TMC).

2.2.

3.2. Clinical Directorates will be represented by the Clinical Director and also the as appropriate the Directorate Manager or Directorate Senior Nurse.

3.3. Each Clinical Director or Executive member may nominate a deputy to attend in their place when they are unable to attend.

Quorum

3.4. Quorum shall be at least half the members, or their nominated deputies being present.

4. Roles and Responsibilities

4.1. The Trust Management Committee is the senior Executive Committee.

4.2. It will support the development of the Trust Annual Plan, including policy direction and revenue and capital finance; it plays a key role in developing and implementing the overall strategy of the Trust.

4.3. It is the formal route to support the Chief Executive in effectively discharging his/her responsibilities as Accounting Officer.

4.4. It will determine new clinical procedures and major significant changes of practice or to establishments

4.5. The Committee's terms of reference:

4.5.1. To provide a corporate view on Trust-wide issues of current concern;

4.5.2. To scrutinise key reports in draft prior to submission to the Board of Directors;

4.5.3. To scrutinise the annual revenue estimates and capital programme, prior to Board of Directors' approval;

4.5.4. require regular review of the allocated section of the Assurance Framework and Corporate Risk register;

4.5.5. to ratify as necessary procedural documents, approved by OMB or CMB;

4.5.6. to determine car parking charges

Business Cases and new procedures

4.5.7. to determine business cases for new clinical posts which entail additional income and activity, following consideration by the Trust Investment Committee and within delegated authority;

4.5.8. to determine business cases and service developments which require investment of £25,000 or above, following consideration by the Trust Investment Committee; to ensure that approved cases are reviewed after 12 months

4.5.9. to determine Expanded Practice Protocols;

4.6. The monthly Integrated Performance Report will be circulated for information only.

5. Conduct of Business

Administration

5.1.

6. Review
   6.1. These Terms of Reference will be subject to an annual review. The Committee shall conduct an annual self-assessment on the performance of its duties as reflected within its Terms of Reference.

Appendix 3

Appendix 4

Executive Performan ce Review Meeting

Agenda

1. Welcome and apologies
2. Minutes of the last meeting
3. Action log review
4. Performance Overview
5. Data dashboards
6. Quality performance
    a) Performance against quality metrics and incidents
    b) Complaint/incident themes and learning
    c) Patient Safety
    d) Quality issues for escalation
7. Operational performance
    a) Performance against metrics
    b) Operational performance issues for escalation
8. Financial performance
    a) Financial performance overview
    b) Financial performance issues for escalation
9. Workforce performance
    a) Workforce metrics
    b) Workforce issues for escalation
10. Performance against Directorate Operational Plan
11. Risk Register Review
12. Key issues for escalation and RAG rating
13. Actions

Appendix 5

Directorate Management Committee

AGENDA

1. Minutes of the last