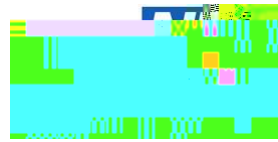


| | |
|---|---|
| Finance and use of resources | For the Trust to balance its finances and improve its productivity |
| Preventing ill-health and reducing inequalities | To support prevention programmes to help people to stay healthy and support more accurate assessment of health inequalities and unmet needs of the local population |
| People | To be a responsive and flexible employer and address current workforce pressures |
| Leadership and capability | To build leadership and improvement capability to deliver sustainable services |
| Local Strategic priorities | The Trust is part of the ICB and the planning process. The ICB strategy is being refreshed in line with the national timelines. |

4. NHS England Monitoring

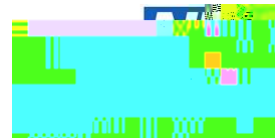
- 4.1. NHS England use information to identify where providers are triggering a potential concern in one or more of the five themes (which indicates they are not in segment 1 and may benefit from support) and judgement, based on consistent principles, to determine whether or not they are in breach of licence and, if so, whether the issues are serious or very serious/complex.
- 4.2. To provide an overview of the level and nature of support required across systems, inform oversight arrangements and target support, all ICBs and Trusts are allocated to one of four segments:

| Segment | Description of support needs |
|---|---|
| 1. Maximum autonomy (consistently performing across the 5 oversight themes) | No actual support needs identified across the 5 themes Systems empowered to direct improvement resources |
| 2. Targeted support | Support needed to address specific identified issues |
| 3. Mandated support | Significant support needs against one or more oversight themes |
| 4. Special measures/Mandated intensive Support | Intensive support required to address very serious/complex issues manifesting as critical quality and/or financial concerns |



5. Governance

5.1.



at Trust Board and all Board Committees and at Executive Committees.

7.6.2. The Improving Together Programme is focused on continuous improvement and is supported by the development of a coaching culture. This programme will support staff in undertaking tasks that really add value and empower them to make process changes at a local level. The approach is intended to ensure that everyone has the time, space, and responsibility to be curious about processes, consider how priorities can be achieved and have freedom to test new ways of working. As part of this programme all Trust colleagues will be invited to a modular training programme, which will be rolled out in a phased approach.

7.7. Risk Management Strategy & Board Assurance Framework

7.7.1. The Risk Management Strategy and Board Assurance Framework enable the Trust to manage risk at all levels in the organisation.

7.7.2. The key objectives of the risk framework are to:

- Ensure that the Board Assurance Framework is a dynamic Board assurance tool, underpinned by the Corporate and Divisional Risk Registers
- Clearly evidence the control and management of risk to achieve the Trust's strategic aims and objectives.
- Provide assurance that the Trust has an appropriate Assurance Framework in place and adheres to guidance on the Annual Governance Statement.
- Ensure that principal risks to meeting corporate objectives are identified and mitigated to an acceptable level.

7.7.3. The Board will be responsible for the Board Assurance framework, but the Audit Committee will undertake scrutiny and review of the process, to provide assurance to the Board, supported by the three assuring committees: Clinical Governance Committee, Finance & Performance Committee, People and Culture Committee together with the Trust Management Committee.

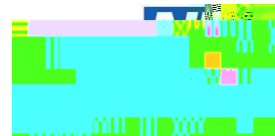
7.7.4. The Board Assurance Framework is reported to the Trust Board quarterly with a detailed review undertaken in advance by the assurance committees.

8. The Role of the Trust Board

8.1. Comprising executive and non-executive directors, the Trust Board will work actively to promote and demonstrate the values and behaviours which underpin integrated governance.

8.2. It will ensure a balanced focus on all aspects of its business. Further to this:

- The Integrated Governance Framework ensures the Board and its committees are structured effectively and properly constituted.
- The Board will ensure it promotes a culture where patients are at the centre; staff learn from experience; and the Trust engages with patients, the public

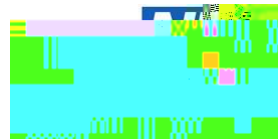


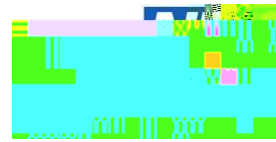
and partners to develop services in the future.

- Board business cycles will be clearly set out with actions implemented.
- The Board will ensure codes of conduct are upheld and the public service values of accountability, probity and openness in the conduct of business are maintained.
- Board members will receive appropriate induction and ongoing training and development to ensure they can undertake their responsibilities effectively and appropriately.

9. Charitable Trustees

- 9.1. The Trust Board is the corporate trustee of the Salisbury District Hospital Charitable Fund, known as the STARS appeal. Members of the Board meet quarterly as the Charitable Funds Committee to oversee the work of the charity,





12.2.1. The Trust's Integrated Performance Report (IPR), using a balanced scorecard approach, provides a summary of the core critical indicators for SFT. The reporting focuses on the key metrics aligned to the areas prioritised for improvement in year (breakthrough objectives and Driver metrics), monitoring progress of improvement. The report also contains "Watch" metrics, those metrics aligned to the statutory and contractual reporting requirements to ensure Board oversight and focus.

12.2.2. The IPR is issued to the Board of Directors monthly, highlighting key areas of success or concern and actions being taken to address the issues. Performance is also visually displayed in the form of tables and charts which show historic performance and trends via the use of SPC.

12.3. **Committees of the Board**

12.3.1. There are several board assurance committees. An outline of each committee responsibilities and core functions are set out in Appendix 1 and the overall Trust Committee Assurance Map in Appendix 2.

- Audit Committee
- Clinical Governance Committee
- Finance & Performance Committee
- People and Culture Committee
- Remuneration and Nomination committee

12.3.2. The individual Board Committees received the IPR and BAF relevant to the committee topic alongside a programme of more regular deep dives with additional information for assurance.

12.3.3. All committee terms of reference can be found in appendix 3.

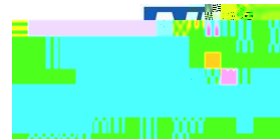
12.3.4. Each committee will undertake an annual review of their performance against the terms of reference. The template can be found in Appendix 4.

13. **Divisional Reporting**

13.1. **Accountability**

13.1.1. The Divisional Performance Reporting process is focused on monitoring operational performance, finance, quality, and workforce metrics aligned to the Trust breakthrough objectives.

13.1.2. The objective of the Divisional Performance Reviews is to review the performance of each Division in relation to an agreed suite of key metrics, ensuring both compliance and continual improvement. The reviews will also provide a forum for Divisions to discuss issues and challenge



and agree solutions in partnership as well as an opportunity to share and celebrate success and good practice.

13.1.3. There will be a clear and consistent schedule of Divisional Performance Reviews agreed at the start of each new financial year.

| Level 2: Review of Divisional Management | | |
|---|--|---|
| Committee | Membership | Principal Reporting Documents |
| Executive Performance Review Meetings | Lead Executives Divisional Management Team HR and Finance Business Partners | Detailed performance dashboard for Division Division commentary Risk Registers Other issues by exception |

14. **Information**

The key information follows a similar format to the Board report, it contains performance, workforce, finance, and quality improvement targets disaggregated to Divisional level. The reporting packs focus on the breakthrough and driver metrics aligning the delivery of the Trust strategy with key in year improvement targets. The purpose is to provide an insight into the contribution of individual divisions to performance of the business-critical indicators, as well as furnishing the divisions with performance data more specific to their area of activity through watch metrics.

15. **Divisional Management**

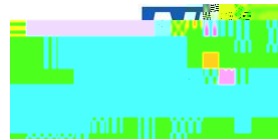
15.1. **Accountability**

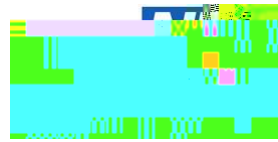
The Divisional management teams have Divisional Management committees with a wider group of staff (finance, business intelligence and Workforce Business partners) to ensure oversight of all the specialities the Division covers. There are two key monthly meetings to ensure robust governance is in place, the Divisional management Team meeting, and the Divisional clinical governance meeting. Key risks are taken from the specialty reporting and discussed in both forums to mitigate risk to delivery/performance or quality impacts.

15.2. **Information**

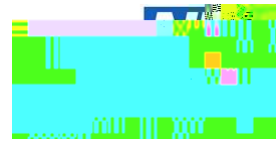
The Divisions have access to Power BI with a range of dashboards to support quality/performance/finance and workforce metrics (specialty/divisional/specific resource metrics e.g., Theatres/outpatients). These are used to underpin performance at specialty level.

| Committee | Membership | Principal Reporting Documents |
|---|----------------------------------|---|
| Divisional Management Committees | Divisional Management Committee, | Divisional performance dnBT3(f)-4(orm)-5(ar |





15.5.1. The focus of the meetings is to ensure actions are being taken promptly, required improvements are being made and that the actions prioritise the key areas of concern. The meetings will also enable the Executives to identify and action any additional support or help required, to ensure standards can be improved and sustained. At any stage of escalation, all parties will agree the criteria that must be



Appendix 1: Board Committees

BOARD COMMITTEES

The Board's purpose is to govern effectively and in doing so build patient, public and stakeholder confidence that sustained, quality services are delivered. Several meetings and processes support the Board in its role.

Level 1: Assurance Committees of the Board

Audit Committee

The Audit Committee's terms of reference detail its role in providing assurance by independently and objectively monitoring and reviewing the Trust's processes of integrated governance, risk management, assurance, and internal control and, where appropriate, to require the Executive to instigate actions necessary to mitigate gaps.

The Committee fulfils its governance and accounting responsibilities by consideration of the integrity, completeness and clarity of annual accounts and the risks and controls around its management.

The Committee adopts a risk-based approach, but this does not, however, preclude the Committee from investigating, any specific matter relevant to their purpose.

Principal functions:

To oversee the governance and management of risk and internal control including the provision of the following:

- Governance
- Risk Management
- Internal Audit
- External Audit
- Other Assurance Functions
- Counter Fraud
- Financial Reporting
- Raising Concerns

Clinical Governance Committee

The Clinical Governance Committee's terms of reference detail its responsibility in providing assurance of the Trust's clinical governance and the quality agenda i.e. patient safety, clinical effectiveness, and patient experience.

The Committee reviews the Quality Account and agrees priorities for the forthcoming year and monitoring of the current year.

The Committee provides assurance to the Board, through ensuring the supporting processes

