



ACCOUNTABILITY FRAMEWORK

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Part A: Overview

1. Introduction

- 1.1 Effective governance is fundamental to the delivery of safe, sustainable, and high-quality care. Central to this governance is a framework of accountability and performance management, which enables the Board of Directors to fulfil its statutory and regulatory responsibilities and to ensure the Trust is managed efficiently and transparently.
- 1.2 The Accountability Framework is a key enabler in the delivery of University Hospitals Dorset NHS Foundation Trust's Annual Operational Plan. It establishes the structures, processes, and mechanisms necessary to support the achievement of the Trust's vision, strategic objectives, and priority programmes, ensuring alignment between leadership, operational management, and service delivery.
- 1.3 By providing clear guidance on roles, responsibilities, and decision-making, the framework supports leaders, managers, and staff in embedding a culture of continuous improvement. It underpins efforts to deliver consistently high-quality services and outcomes for patients, service users, and the local communities served by the Trust.

2. Accountability and Responsibility

- 2.1 A clear distinction between accountability and responsibility is fundamental to effective governance and operational management:

Accountability refers to the individual who is ultimately answerable for a decision, action, or outcome. The accountable person holds final authority, including decision-making powers such as approval or veto, and can be asked to explain and justify the results. Only one individual can be assigned accountability for any specific action or decision, ensuring clarity and transparency in governance.

Responsibility refers to the individual(s) tasked with carrying out or implementing the action. Responsibility can be shared among multiple people and relates to executing tasks to achieve the required outcome. The scope and degree of responsibility are defined and delegated by the accountable person, who retains overall oversight.

This distinction ensures that while multiple staff may contribute to the delivery of tasks, ultimate accountability remains clearly defined, supporting robust decision-making, risk management, and performance assurance across the organisation.

3. The Framework

- 3.1 The Accountability Framework has been developed in alignment with the NHS Oversight Framework 2025/26 (NHS England, June 2025) and the CQC Single Assessment Framework (SAF, 2025), which incorporates the Well-Led key question alongside Safe, Effective, Caring, and Responsive domains. The framework ensures the Trust optimises the use of NHS resources to deliver high-quality, sustainable, and safe care, while meeting evolving national

regulatory expectations and local system priorities.

3.2 Principles of Deployment

The Accountability Framework is implemented according to the following principles:

- Proportionate and consistent – expectations are applied fairly and uniformly across the organisation;
- Open and transparent – governance arrangements, roles, and reporting lines are clear and visible;
- Respectful and supportive – fostering a culture of learning, constructive challenge, and continuous improvement.

3.3 Objectives

This framework aims to provide timely, accurate, and actionable information to enable the Board of Directors and senior leaders to:

- Understand, monitor, and assess the Trust's performance and quality across clinical, operational, and governance domains;
- Identify early any deterioration in performance or compliance with regulatory standards;
- Recognise, reinforce, and celebrate improvement and innovation;
- Ensure accountability and transparency in decision-making across the Trust.

3.4 Monitoring, Assurance, and Improvement

The Trust's Accountability Framework provides a structured approach to ensure robust governance, transparent decision-making, and continuous improvement in line with the CQC Single Assessment Framework (SAF, 2025). It aligns leadership, operational performance, and quality oversight with the Well-Led quality statements, supporting the Board and senior leadership in fulfilling their statutory, regulatory, and organisational responsibilities.

The table below demonstrates how the framework:

- Links leadership and governance structures directly to key organisational objectives;
- Ensures clarity of accountability across roles, committees, and decision-making processes;
- Provides timely, accurate information for monitoring performance, identifying risks, and driving improvement;
- Promotes a culture of continuous learning and innovation, embedding quality improvement across all services;

- Supports compliance with statutory and regulatory obligations, including the NHS Oversight Framework and CQC requirements;
- Engages staff, patients, and stakeholders in decision-making, promoting transparency, responsiveness, and trust.

This approach ensures that the Trust is able to proactively manage risk, celebrate improvement, and take early action where performance falls below expectations. The framework is regularly reviewed and updated to reflect evolving governance practices within the Trust and the wider Dorset health and care system, ensuring that it remains relevant, effective, and aligned with national best practice.

Well-Led Quality Statements	How the Accountability Framework will support the Well led Quality statement
<p>We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.</p>	<ul style="list-style-type: none"> • Our Vision, Values and Strategy have been developed using a structured planning process in collaboration with staff, people who use services and external partners. • By developing a realistic and robust strategy and plan this will inform how we ensure the future sustainability and quality of our services. • Strategic planning and monitoring through our monthly Strategic Deployment Reviews will guide decisions on how we will provide high quality, safe services and how we will allocate resources effectively for optimum benefit. • Effective structures, processes and systems of accountability are in place to support the delivery of the strategy, and these are regularly reviewed and improved.
<p>We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with integrity, openness and honesty</p>	<ul style="list-style-type: none"> • Staff at all levels are clear about their roles and they understand what they are accountable for and to whom. • Through our values and behaviours framework, leaders at all levels understand and demonstrate their responsibility to model positive behaviours through leading with integrity, compassion, openness, and honesty. They understand that successful leadership is not just about what they deliver as an organisation, but how it is delivered. • An essential part of leadership is monitoring the effectiveness of systems in place and supporting teams to learn and improve, which is being driven through our Patient First Programme.
<p>We foster a positive culture where people feel that they can speak up and that their voice will be heard</p>	<ul style="list-style-type: none"> • Staff and patient feedback is a standard agenda item for all governance meetings.
<p>We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.</p>	<ul style="list-style-type: none"> • Action is taken to address behaviour and performance that is inconsistent with the Vision and Values, and behavioural framework, regardless of seniority. • Staff and teams work collaboratively, share responsibility, and resolve conflict quickly and constructively. • Clear priorities for ensuring sustainable, compassionate, inclusive, and effective leadership are understood.

<p>We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate</p>	<ul style="list-style-type: none"> • The Trust has clear governance, assurance, risk and accountability structures. These interact well with each other and support effective decision making. They provide robust assurance that risks are effectively and sustainably mitigated, and the quality of care is consistently sustained. Staff at all levels are clear about roles and responsibilities. • Accountabilities and responsibilities are clearly defined for individuals and enable effective delegation. • Leaders understand the challenges to quality and sustainability. • There are comprehensive assurance systems and performance issues are escalated appropriately through clear structures and processes. • There are processes to manage current and future performance. These are reviewed and improved. • There is a holistic understanding of performance, which covers and integrates people's views with information on quality, operations and finances. • There are clear and robust service performance measures which are reported and monitored.
<p>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement</p>	<ul style="list-style-type: none"> • There are positive and collaborative relationships with external partners which build a shared understanding of challenges within the system and the needs of the relevant population and to deliver services to meet those needs. • There is transparency and openness with all stakeholders about performance.
<p>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.</p>	<ul style="list-style-type: none"> • Participation in and learning from internal and external reviews – learning is shared effectively and used to make improvements. • All staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes, and performance – this leads to improvements and innovation and is enabled through our Patient First Programme.
<p>We understand any negative impact of our activities on the environment, and we strive to make a positive contribution in reducing it and support people to do the same.</p>	<ul style="list-style-type: none"> • Environmental sustainability is recognised in our Patient First objectives and is therefore integrated into accountability and strategic deployment review frameworks.

4 Mission, Vision, Values and Strategic Priorities

- 4.1 The accountability framework provides a structured mechanism to support the delivery of the Trust's vision and strategic objectives. It defines the governance processes, roles, and responsibilities that enable the Board of Directors and other key personnel to understand, monitor, and assure themselves of the Trust's performance across quality, finance, workforce, and operational domains. The framework ensures that oversight is aligned with both national and local standards, promoting transparency, effective decision-making, and continuous improvement throughout the organisation.

4.2 The accountability framework operates within the broader strategic and organisational context of the Trust, ensuring alignment between governance, decision-making, and delivery of objectives. It is underpinned by:

Our Purpose – The Trust’s mission statement, defining why we exist and the outcomes we seek to achieve for patients, staff, and the wider community.

Our Principles – The Trust’s values, which guide behaviour, decision-making, and organisational culture.

Our Ambition – The Trust’s vision statement, setting out where we aspire to be in the short, medium, and long term.

Our Strategic Approach – The strategic themes, goals, breakthrough objectives, and enabling programmes that define how the Trust will deliver its vision and priorities.

Our Performance Oversight – The accountability framework, which specifies governance mechanisms, processes, and lines of accountability for strategy delivery, and provides the basis for monitoring and measuring progress through robust performance management systems.

This structure ensures that all levels of the organisation are clear about responsibilities, accountable for outcomes, and able to monitor progress towards achieving the Trust’s strategic objectives in line with national and local standards.



4.3 Our Mission statement is:

“To provide excellent healthcare for our patients and wider community and be a great place to work, now and for future generations”.

This is supported by our vision statement, developed as part of the design phase of the culture programme:






“To positively transform our health and care services as part of the Dorset Integrated Care System”

4.4 Our strategic themes

There are 5 strategic themes:

- Population and System
- Our People
- Patient Experience
- Quality Outcomes and Safety
- Sustainable Services

4.5 Our strategic goals are at Trust level and focus on where we most want to see significant improvements delivered in a sustained way over the next three years. These fit within our Dorset-wide role in the health and care system. The Trust’s strategic goals are aligned with the strategic themes, and each has its own long-term vision. Breakthrough objectives describe the short term (next 12months) objectives of the Trust. The annual breakthrough objectives for 2026-27 are summarized below.

Strategic Goal	Vision LONG TERM: 7-10 years	Strategic Goal MEDIUM TERM: 3 - 5 YEARS	Breakthrough Objective SHORT TERM: ~1 YEAR	Driver metrics AND TARGETS
POPULATION AND SYSTEM Chief Operating Officer  "See our patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	<ul style="list-style-type: none"> • To achieve shorter waiting times and improved outcomes for patients as measured by achievement of access trajectories within the operational plan (Planned, UEC, Diagnostics and Cancer). 	<ul style="list-style-type: none"> • 82% of emergency department attendances admitted, transferred or discharged within four hours • 7% improvement in patients waiting 18 weeks or less for elective treatment (18-week RTT) • 80% of patients treated for cancer within 62 days of referral
OUR PEOPLE Chief People Officer  "Be a great place to work"	To be a great place to work, attracting and retaining the best talent, as measured by the Trust being in the upper quartile for all 7 elements of the People Promise.	<ul style="list-style-type: none"> • To develop a sustainable workforce measured against the 3 components of staff morale: improving retention, staff feeling supported with sufficient resources, and respected and trusted to do their work 	<ul style="list-style-type: none"> • To improve permanent staff availability across all professions as measured by the reduction in temporary staffing spend. 	<ul style="list-style-type: none"> • To have favourable variance of WTE against the budgeted establishment • To reduce premium (bank) spend by 15% against the 2025-26 baseline
PATIENT EXPERIENCE Chief Nursing Officer  "Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	<ul style="list-style-type: none"> • Rated as Outstanding by CQC as Caring • Over 80% of our employees see patient care as a top priority for UHD • In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys 	<ul style="list-style-type: none"> • To understand the experience of our patients by actively listening to feedback and using it to inform change in the way we deliver care in a timely way. 	<ul style="list-style-type: none"> • 90% of total complaints to be closed within 35 days • 95% for % of good/very good recorded on FFT for all areas
QUALITY OUTCOMES AND SAFETY Chief Medical Officer  "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	<ul style="list-style-type: none"> • In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR) • Rated as Outstanding by CQC for Safety • Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30% • Over 80% of employees believe the Trust promotes a safety culture • Digital integration across all clinical and operational workflows 	<ul style="list-style-type: none"> • To improve mortality and morbidity across the trust as measured by a 5% reduction in hospitalised standardised mortality rate through an improvement in key morbidity metrics. 	<ul style="list-style-type: none"> • 95% compliance on VTE prescribing within 24 hours of admission • To reduce the number of hospital acquired e Coli infection by 20% • Uptake of ICE filing – improved % sign off on a monthly rolling basis
SUSTAINABLE SERVICES Chief Finance Officer  "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<ul style="list-style-type: none"> • Return to recurrent financial surplus from 2028/29 • Rated as Outstanding by the CQC for our Use of Resources • Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030 	<ul style="list-style-type: none"> • To operate within the approved budget, including delivering the budgeted Efficiency Improvement Programme target, with at least 60% achieved recurrently. 	<ul style="list-style-type: none"> • To have favourable Forecast Outturn Variance to Budget • To achieve 60% Forecast EIP Recurrent Delivery

5 Annual Operational Plan

5.1 The Trust has a high-level single Annual Operational Plan document, supported by a compelling strategic narrative that can be easily understood by patients, staff, regulators and members of the public that outlines our mission statement.

- 5.2 The strategy of the organisation reflects the wider strategy of the Dorset Integrated Care Partnership (ICP) 2022/23¹, which prioritises prevention and early help, thriving communities, and working better together. For the Trust, founded in October 2020, this involves the redesign of many of its services, the implementation of a complex capital programme and the introduction of a service model that requires the separation of emergency care from planned care. It also involves closer working with Dorset County Hospital to develop more networked services, along with more integrated working with Dorset Healthcare, primary care and local authority partners.
- 5.3 The Green Plan is the Trust's Sustainability Strategy and is a board approved document. This plan puts the Trust on a path to having 'Net Zero' carbon emissions by 2040, in line with NHS England's goal. It also commits the Trust to becoming a "Clean Air Hospital" by 2026, to deliver against all of the UN Sustainable Development Goals and attain a 100% score by 2030 under the NHS sustainable assessment framework.

6 Our Structure and People

- 6.1 The Trust manages three main hospital sites in East Dorset: Poole Hospital site, Royal Bournemouth Hospital site and Christchurch Hospital site. We also operate clinical services from the Outpatient Assessment Centre at Dorset Health Village, Poole. Clinical services across these sites are organised into care groups, and with corporate directorates, they are under the overall leadership of the Chief Executive. Each corporate directorate (see section 11.6) is headed by an Executive Director.
- 6.2 The operational management of the Trust is delivered through 3 Care Groups (Surgical Care Group, Medical Care Group and Women, Children, Cancer and Support Services Care Group) and an Operational Support Group (Clinical Site Management, Facilities, Partnerships, Integration and Discharge, Emergency Planning, Operational Performance and Delivery and Outpatients). Clinical directorates feed into the relevant care groups.
- 6.3 Equality, Diversity and Inclusion (ED&I) – As a major employer and health service provider, we are committed to building an inclusive workforce which is valued and whose diversity reflects the community we serve. An Equality, Diversity & Inclusion group (EDIG) meets quarterly and is chaired by an Executive Director. This is attended by representatives from across the Trust, including senior managers, union representatives and governors. An update report and tracker on key EDI deliverables are presented regularly to the People and Culture Committee. The responsibility of EDIG is to provide advice to the Chief Executive and Executive Directors on equality, diversity and inclusion matters. It will also monitor the delivery of the Trust's ED&I strategy, advising and agreeing any mitigating or corrective action and/or interventions as appropriate.

¹ Making Dorset the healthiest place to live Joint Forward Plan: 2023-2028

Part B: Corporate Governance

7 Policies, Procedures and Standing Orders

7.1 Governance Documents and Regulatory Framework

The Trust's governance framework is supported by a suite of core policies, procedures and statutory documents, which have been approved by the Board of Directors and define how the organisation operates within the statutory and regulatory environment. These documents establish the principles and obligations by which the Trust conducts its business, ensuring transparency, accountability, and effective control over clinical, financial, and operational activities.

These core governance documents should be read in conjunction with the Accountability Framework and are reviewed regularly to ensure continued relevance and compliance with statutory requirements, NHS England guidance and sector best practice.

The key governance documents include:

- Standing Orders - which set out the procedural rules for the conduct of the Board's business, including the regulation of meetings, quoracy, and decision-making authorities; standing orders are reviewed periodically to reflect legislative and governance developments.
- Scheme of Matters Reserved to the Board and Scheme of Delegation⁴ - which clearly defines the responsibilities that are retained by the Board and those delegated to executive directors and officers, including financial limits and operational authority, ensuring clarity of accountability throughout the organisation.
- Code of Conduct - which sets out the standards of behaviour, ethical principles and professional expectations for all staff, supporting a culture of integrity, respect and accountability.
- Standing Financial Instructions (SFIs)⁵ - which detail the financial responsibilities, controls and procedures required to ensure probity, accuracy, economy, efficiency and effectiveness in the use of public funds; these instructions are formally reviewed and updated at least annually or as required.
- Risk Management Strategy⁶ - which outlines the Trust's approach to identifying, evaluating, managing and reporting risk, providing assurance that risks to quality, safety and performance are appropriately governed.

8 Board Assurance Framework (BAF)

- 8.1 The Board Assurance Framework (BAF) is the primary mechanism by which the Board of Directors identifies, assesses and manages the Trust's principal risks, those risks that could have a material impact on the achievement of the Trust's Strategic Objectives. It provides a structured link between strategic objectives, principal risks, key controls, sources of assurance and mitigating actions, in line with NHS England's Managing Risks and Issues guidance.
- 8.2 The BAF forms a core component of the Trust's governance, risk management and internal control arrangements. It supports the Board of Directors in maintaining oversight of the effectiveness of controls in place to manage principal risks, the quality and reliability of assurances received, and the identification of any gaps in control or assurance. The BAF enables the Board to monitor the implementation of agreed action plans and to seek additional assurance where required, thereby supporting informed decision-making and effective risk management.
- 8.3 Risk Register - The Trust maintains a comprehensive Risk Register to record and manage risks at operational, tactical and strategic levels. Risks are assessed and prioritised in accordance with the Trust's Risk Management Strategy. Risks that exceed the Board of Directors' agreed risk appetite, or which have the potential to become significant risks, are escalated through the appropriate governance structures for review by Executive Directors and Board Committees, and, where appropriate, inclusion on the Board Assurance Framework, in line with established governance and reporting arrangements.

9 Corporate Governance structure

- 9.1 The Trust has established a robust Corporate Governance Framework which defines the structures, processes and reporting arrangements through which assurance is obtained, and oversight is exercised from operational level through to the Board of Directors. The framework is designed to support effective decision-making, accountability and the delivery of the Trust's strategic objectives, in line with NHS England's governance requirements and the CQC Well-Led framework.
- 9.2 The Board of Directors is collectively responsible for setting the Trust's strategic direction, ensuring the effective stewardship of resources, and maintaining systems of governance, risk management and internal control. The matters reserved to the Board and those delegated to individual Directors and Board Committees are clearly defined and documented within the Trust's Scheme of Delegation, which is reviewed regularly to ensure it remains appropriate, effective and compliant with regulatory expectations.
- 9.3 The Trust operates in accordance with Standing Financial Instructions approved by the Board of Directors. These set out the financial responsibilities, controls and accountabilities required to ensure the proper stewardship of public funds, compliance with statutory and regulatory requirements, and the maintenance of effective financial governance.
- 9.4 The Board of Directors has established a number of Board Committees to support the discharge of its statutory and fiduciary responsibilities and to provide independent oversight and assurance in key areas of activity. Each Committee operates in accordance with approved terms of reference and reports regularly to the Board of Directors. The Trust's

governance structure, designed to ensure clear lines of accountability and effective oversight of business activities, is illustrated in Appendix 1.

10 Committees of the Board of Directors

- 10.1 The Board of Directors operates a well-established and effective committee structure to support the discharge of its statutory and fiduciary responsibilities. The committee framework is designed to strengthen the Board’s oversight of quality, finance, workforce and organisational performance, and to provide structured assurance to the Board on the effectiveness of the Trust’s systems of governance, risk management and internal control.
- 10.2 Each Board Committee operates in accordance with Terms of Reference approved by the Board of Directors and an agreed annual work programme aligned to the Trust’s governance and assurance cycle. In support of openness, transparency and effective engagement, Governors may attend Board Committees as observers, with the exception of the Appointments and Remuneration Committee and the Transforming Care Together Group. This arrangement is formally documented within the relevant Committees’ Terms of Reference.
- 10.3 All Board Committees are chaired by a Non-Executive Director and comprise a balanced membership of Executive and Non-Executive Directors, ensuring appropriate independence, challenge and expertise. In line with recognised standards of good corporate governance, the Audit Committee is comprised solely of Non-Executive Directors. The Chair of the Trust is not a member of the Audit Committee and does not normally attend its meetings, thereby preserving the Committee’s independence and objectivity.
- 10.4 The Chairs of Board Committees provide regular reports to the Board of Directors at meetings held in public, summarising the assurance received, key matters considered, and any significant issues or risks requiring Board attention. These reports support transparency, collective accountability and informed decision-making by the Board.

Committee	Responsibility
Appointments and Remuneration Committee	<ul style="list-style-type: none"> The Appointments and Remuneration Committee is responsible for overseeing the appointment of Executive Directors to the Board of Directors and for determining the remuneration, terms and conditions of service of the Trust’s Chief Officers and those staff employed on Very Senior Manager (VSM) terms and conditions. The Committee ensures that appointment and remuneration decisions are made in a fair, transparent and objective manner, are aligned with the Trust’s strategic objectives, and comply with national guidance, contractual requirements and principles of good corporate governance.
Audit Committee	<ul style="list-style-type: none"> The Audit Committee meets at least four times in each financial year, and more frequently where required, to discharge its responsibilities effectively. The Committee operates in accordance with Terms of Reference approved by the Board of Directors, which are aligned with the principles and guidance set out in the Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook and relevant national governance standards. The Committee provides independent assurance to the Board of Directors on the adequacy and effectiveness of the Trust’s systems of governance, risk

management and internal control across all areas of activity, including clinical and non-clinical services. Its responsibilities include oversight of the internal audit function, consideration of the appointment, independence and performance of the external auditors, and review of the assurances provided in relation to the delivery of the Trust's strategic objectives and compliance with statutory and regulatory requirements.

Charitable Funds Committee

- The Charitable Funds Committee is formally established as a committee of the Trust in its capacity as Corporate Trustee of the University Hospitals Dorset NHS Foundation Trust Charity. The Board of Directors of the Trust acts as the Board of Trustees for the Charity. The Committee provides assurance to the Trust Board that the Charity is administered and managed in accordance with applicable charity legislation, regulatory requirements and recognised standards of good governance, ensuring that charitable funds are applied appropriately and in support of the Trust's charitable objectives.

Finance and Performance Committee

- The Finance and Performance Committee meets monthly, and not fewer than ten times in each financial year. The Committee provides assurance to the Board and makes recommendations in relation to the development, delivery and monitoring of the Trust's Annual Operating Plan, Productivity and Efficiency Plan, Estates Strategy and Sustainability and Digital Strategies, ensuring alignment with the Trust's strategic objectives and system priorities. The Committee oversees digital and technology programmes, including cyber security, system resilience and the governance of artificial intelligence.
- The Committee is responsible for the scrutiny of the Trust's financial performance, including detailed review of monthly and year-to-date revenue and capital positions, material variances, and the effectiveness of mitigating actions. The Committee also oversees and monitors performance against key national and regulatory standards relevant to an acute provider, including elective, emergency and cancer access standards, to provide assurance on the Trust's financial balance, operational performance and long-term sustainability.

People & Culture Committee

- The People & Culture Committee meets a minimum of five times per financial year. The Committee provides assurance to the Board of Directors and makes recommendations in relation to the development, implementation, and ongoing monitoring of the Trust's People & Culture Strategy. Its responsibilities include reviewing progress against strategic objectives, evaluating the effectiveness of workforce initiatives, and ensuring that the Trust's people policies and practices promote a positive organisational culture, workforce engagement, and alignment with regulatory and statutory obligations

Quality Committee

- The Quality Committee meets monthly, and not fewer than ten times in each financial year. The Committee provides assurance to the Board of Directors that robust systems, processes, and governance arrangements are in place to support high standards of care across the Trust.
- The Committee's responsibilities include:
 - Overseeing the effectiveness of the Trust's quality and safety framework, ensuring continuous improvement in patient care, clinical outcomes, and the overall patient experience.
 - Providing assurance that the Trust has appropriate mechanisms to monitor, evaluate, and improve the quality and safety of services across all areas of operation.

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- Acting as an internal assurance forum to support compliance with regulatory requirements, including the Care Quality Commission (CQC) standards, inspection frameworks, and related statutory obligations.

Transforming Care Together Group

- The Transforming Care Together Group is a time-limited advisory group established to provide strategic input and make recommendations to the Board of Directors and/or relevant Board Committees. The Group supports the delivery of the Trust's Service Ready, Build Ready, and People Ready programmes, ensuring that these initiatives are effectively planned, coordinated, and aligned with the Trust's strategic objectives and operational priorities.

Risk Oversight Committee

- The Risk Oversight Committee meets monthly, and not fewer than ten times in each financial year. The Committee is an executive-led management committee accountable to the Board of Directors
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10.5 Trust Management Group

The Trust Management Group (TMG) is the main executive leadership group of the Trust. It has 4 elements:

- TMG Strategy Deployment Review
- TMG Business (Performance)
- Risk Oversight
- Health and Safety Group

The TMG SDR and Business meeting cadence runs on the basis of one TMG Strategy Deployment Review meeting per month and one TMG Business meeting. Reporting into our TMG is a series of other groups which provide oversight and/or ensure delivery against specific priorities and objectives.

It is the main “engine room” of the organisation, making recommendations to the Board of Directors through the Chief Executive on matters relating to the strategy of the Trust and the management of its operational services. It ensures that the three Care Groups are fully involved in corporate decision-making, and that the voice of clinicians and professionals from across the organisation is fully considered.

Trust Management Group serves to ensure that there is an effective framework within which assurances can be given across all areas of clinical governance, including quality, safety, clinical safety and clinical effectiveness.

10.6 Terms of Reference and Membership are expected to be in place for all groups identified within our structure, which define their objectives and responsibilities.

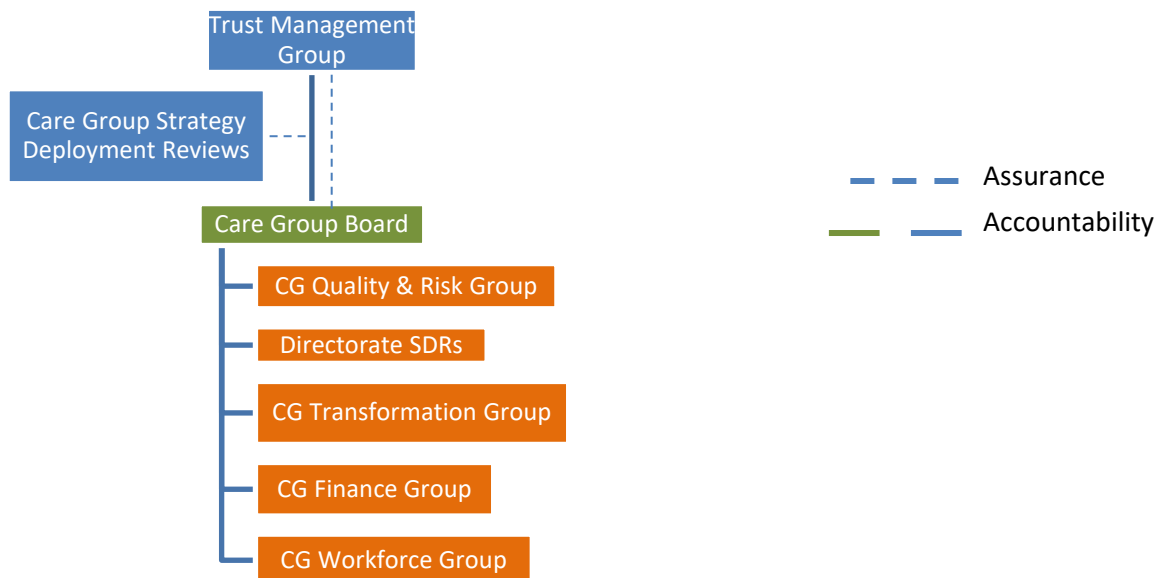
Part C: Care Group Governance

11 Care Group Governance Structure

11.1 Care Groups are expected to have a clear and cohesive structure in place which sets out the framework within which the performance of the Care Group is governed. Whilst it is recognised that Care Group structures need to be tailored to meet the governance needs of each Care Group, as a minimum they must have:

- A clear line of accountability into the Executive Directors through the Care Group Strategy Deployment Reviews (SDRs) (see section 14.3) and Executive Groups as appropriate. **This is part of our Patient First approach.**
- A fully constituted Care Group Board comprising the Directorate Management Team, with documented and approved Terms of Reference and Membership, with meetings being held monthly covering all aspects of Care Group strategy, performance, risk, patient safety, workforce, culture, and quality governance, aligned with our Strategic Priorities (an example template can be found at Appendix 3)
- The following forums held monthly or demonstration of the elements being covered within the governance structure:
 - Care Group Quality and Safety Group
 - Transformation Group
 - Finance Group
 - Workforce Group
- All Groups should have documented and agreed Terms of Reference and membership and are directly accountable to the Care Group Board.
- A forum within which Health & Safety matters are considered, with assurance being provided to the Trust Health and Safety Group. Health and safety may be included in the Care Group Quality and Safety Group, rather than a separate meeting.
- A documented and approved process for the management, escalation and oversight of risk, in accordance with the Risk Management Strategy.
- A regular (weekly) forum within which patient safety incidents are considered, investigated and reviewed in line with the Trust Patient Safety Incident Response Plan.
- Directorate Strategic Deployment Reviews, which align with the Performance Management Framework set out within this document.
- Arrangements to ensure consideration of reports from relevant Executive or Trust-wide Groups to ensure effective flows of information.

The minimum structure required is illustrated below. Where the Care Group is able to demonstrate that the elements below are covered but there is variation to this governance structure, this is permitted.



11.2 Care Group Board – Core Responsibilities

The Care Group Boards have delegated decision-making responsibility for defined areas, within the parameters of annual operating plans agreed by the Trust Management Group (and the Trust’s Standing Financial Instructions). They provide assurance to Trust Management Group about progress and performance in defined areas and do the work-up on recommendations to TMG about policy, resource allocation and change plans.

To ensure consistency across the organisation, each Care Group Board has a core set of responsibilities which enable the effective oversight and scrutiny of its Care Group. These are outlined below and are covered within the example template Terms of Reference (Appendix 3).

Strategy

- Oversee development and implementation of strategy and operational plans at a Care Group level and associated Key Performance Indicators (KPIs), ensuring the adoption of best practice where available.
- Develop and oversee implementation of an Annual Plan, aligned with priorities agreed through our Trust operational planning process and Patient First.
- Consult upon and agree any relevant policies, procedures, guidelines, standard operating procedures and protocols and monitor their implementation, where relevant, at a Care Group level.
- Oversee the annual business planning process and advise the Board of Directors via Trust Management Group on the distribution of available resources.
- Review progress in delivering the Trust’s transformation programme.
- Review and agree specific strategies prior to submission to TMG for approval. This may include the following:
 - The development of clinical services or the strategy on research and innovation.
 - Relationship management with external partners.

Performance

Monitoring of Care Group performance against the strategy is achieved through SDRs; cross-Care Group oversight of Directorate performance is delivered through Care Group Board.

- Oversee the delivery of the annual corporate objectives of the Trust, including the delivery of all financial, workforce, quality, access and other targets and standards.
- Receive assurance on the delivery of strategy and relevant key performance metrics, ensuring the appropriate allocation of resource via SDRs.
- Monitor the operational systems and processes which ensure competent management within the Care Group.
- Identify, delegate and review relevant actions to improve performance.
- Report any exceptions to the Annual Plan, delivery of strategy or areas of underperformance to the Executive Team via the Strategy Deployment Review (SDR) process.

Risk Management

- Ensure that any risks are managed and reviewed via the Risk Register and in accordance with the Risk Management Policy.

Patient Safety

- Monitor trends relating to LERNs and patient safety events, ensuring that lessons are learned, and appropriate action is taken. This may be delegated to the Care Group Rapid Review/PSIRF group although the care group board will retain responsibility for oversight.

Quality Governance

- Review clinical governance arrangements within the Care Group in order to be assured that directorates and specialties are holding regular Quality and Safety meetings in accordance with the Trust Quality Governance Toolkit.
- Review quality metrics, sharing good practice and recommend appropriate actions as required to improve performance.
- To review national legislation, guidance and best practice and address local implications of such guidance as appropriate.
- Oversee / monitor implementation of Care Quality Commission actions plans arising from internal / external review, audit, assessment or accreditation.

Governance

- Review governance arrangements and performance, including meeting required clinical standards and recommend appropriate action.
- To review national legislation, guidance and best practice and address local implications of such guidance as appropriate.
- Oversee/monitor implementation of actions plans arising from internal/external review, local and national clinical audits, internal and external assessment or accreditation.
- Approve business cases prior to their submission to the Finance and Planning Group and subsequently submission to the Trust Management Group, Finance and Performance Committee or Trust Board where necessary.
- Undertake an annual self-assessment of effectiveness to inform any changes to Terms of

Part D: Accountability

12. Trust Board Accountability

12.1 Collective Responsibilities of the Board of Directors

The Board of Directors has ultimate collective responsibility for the governance, performance, and strategic direction of the Trust, including:

- Ensuring the delivery of safe, high-quality, and effective care for all patients and service users.
- Setting the strategic direction of the Trust and ensuring that the Executive team has the capacity, capability, and resources to monitor and manage both the quality of care and operational performance.
- Adding value to the success of the organisation and its system partners through effective leadership and decision-making.
- Exercising prudent and robust financial and operational controls to ensure the organisation is well-led, sustainable, and compliant with statutory obligations.
- Promoting and exemplifying the Trust's values and fostering a culture of integrity, inclusivity, and continuous improvement.
- Ensuring that all statutory, regulatory, and governance duties are fully met⁷.

The Board of Directors is led by an independent Chair and comprises both Executive and Non-Executive Directors. As a unitary Board, it exercises collective responsibility and accountability, making decisions as a single entity and sharing responsibility and liability for all Board decisions and the overall performance of the Trust.

12.2 Decision-Making Considerations

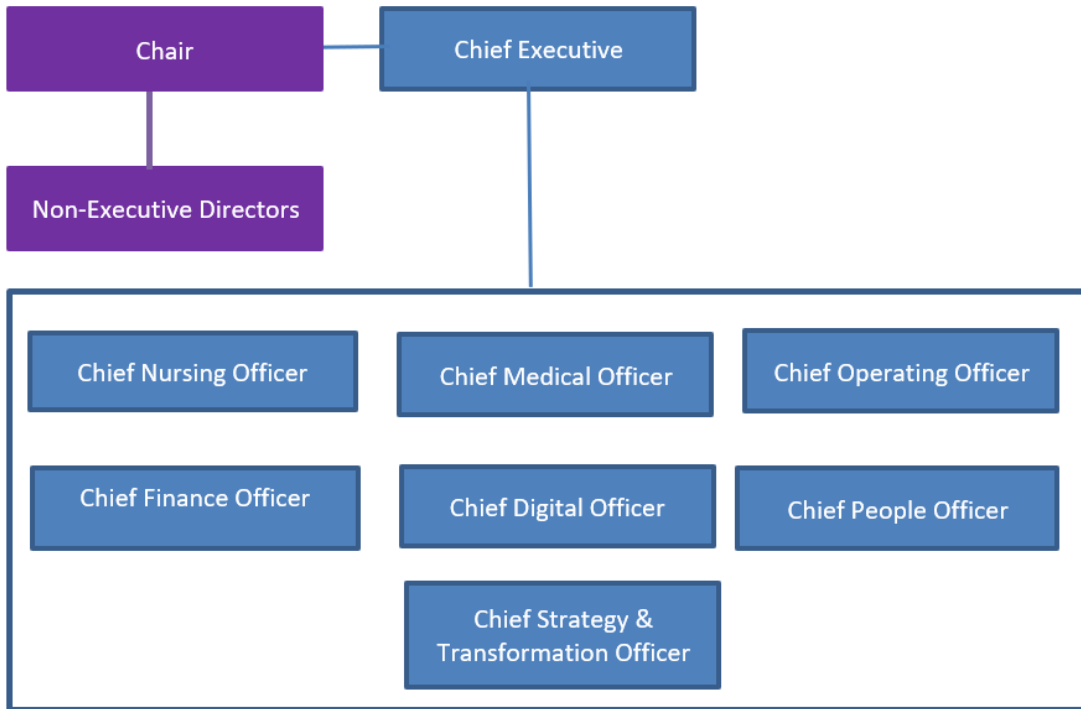
In exercising its functions, the Board must consider the likely impact of its decisions on:

- The health and well-being of the population of England.
- The quality of services provided to individuals by, or under arrangements made by, relevant bodies for the prevention, diagnosis, or treatment of illness as part of the NHS.
- The efficiency, sustainability, and prudent use of resources by relevant bodies within the NHS in England.

12.3 Accountability to the Council of Governors

The Board of Directors is accountable to the Council of Governors. The Governors have a general duty to:

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board.
- Represent the interests of the Trust's members and the wider public, ensuring that the Trust operates in accordance with its Constitution, values, and statutory obligations.



The table below highlights the distinction between the roles of the Executive Directors and Non-Executive Directors.

	Chair	Chief executive	Non-Executive director	Executive director
Formulate Strategy	Ensures board develops vision, strategies and clear objectives to deliver organisational purpose.	Leads strategy development process.	Brings independence, external skills and perspectives, and challenge to strategy development.	Takes lead role in developing strategic proposals – drawing on professional and clinical expertise (where relevant)
Ensure Accountability	Holds CE to account for delivery of strategy Ensures board committees that support accountability are properly constituted.	Leads the organisation in the delivery of strategy Establishes effective performance management arrangements and controls Act as Accountable Officer	Holds the executive to account for the delivery of strategy Offers purposeful, constructive scrutiny and challenge Chairs or participates as member of key committees that support accountability.	Leads implementation of strategy within functional areas
Shape Culture	Provides visible leadership in developing a positive culture for that organisation and ensures that this is reflected and modelled in their own and in the Board's behaviour and decision making Board culture: Leads and supports a constructive dynamic within the board, enabling contributions from all directors.	Provides visible leadership in developing a positive culture for the organisation, and ensures that this is reflected in their own and the executive's behaviour and decision making	Actively supports and promotes a positive culture for the organisation and reflects this in their behaviour Provides a safe point of access to the board for whistle-blowers	Actively supports and promotes culture for the organisation and reflects this in their own behaviour
Context	Ensures all board members are well briefed on external context.	Ensures all board members are well briefed on external context		
Intelligence	Ensures requirements for accurate, timely & clear information to board/directors (and governors for FTs) are clear to executive.	Ensures requirements for accurate, timely & clear information to board/directors (and governors for FTs)	Satisfies themselves of the integrity of financial and quality intelligence	Takes principal responsibility for providing accurate, timely and clear information to the board
Engagement	Plays key role as an ambassador, and in building strong partnerships with: <ul style="list-style-type: none"> • Patients and public • Members and governors (FT) • Clinician and Staff • Key institutional stakeholders • Regulators 	Plays key role as in effective communication and building strong partnerships with: <ul style="list-style-type: none"> • Patients and public • Members and governors (FT) • Clinician and Staff • Key institutional stakeholders • Regulators 	Ensures board acts in best interests of the public Senior independent director is available to members and governors if they are unresolved concerns (FTs)	Leads on engagement with specific internal or external stakeholder groups

12.4 Trust Chair

The Trust Chair is responsible for leading the Board of Directors and for ensuring its overall effectiveness in setting the strategic direction, culture, and governance of the Trust. The Chair is accountable, through NHS England, to the Secretary of State for Health and Social Care for providing leadership to the Board and for ensuring that UHD NHS Foundation Trust delivers high-quality, safe, and sustainable services and achieves value for money within available NHS resources.

Leadership and Culture

The Chair provides visible, values-based leadership and is responsible for fostering a culture that promotes openness, transparency, compassion, and continuous improvement. This includes championing the Trust's values, leading by example, and ensuring that equality, diversity, and inclusion are embedded across the organisation for patients, staff, and stakeholders.

Governance and Decision-Making

The Chair promotes the highest standards of integrity, probity, and corporate governance throughout the Trust, with particular responsibility for the effective functioning of the Board of Directors. The Chair leads the Board in establishing clear, effective, and timely decision-making processes, ensuring constructive challenge, collective accountability, and acting as the guardian of due process.

Quality, Performance, and Sustainability

The Chair ensures that the Board maintains appropriate oversight of quality, safety, performance, and financial sustainability, providing assurance that robust systems of control and risk management are in place to support the delivery of high-quality care and value for money.

System Working and Partnerships

Working in close partnership with the Chief Executive, the Chair provides strong and cohesive leadership of the Trust within the wider health and care system. This includes representing UHD NHS Foundation Trust within the Dorset Integrated Care System and working collaboratively with system partners to support agreed system strategies and service transformation priorities.

12.5 Non-Executive Directors

Non-Executive Directors (NEDs) provide independent oversight and challenge to the Board of Directors, ensuring that robust governance arrangements are in place and that executive decisions are scrutinised effectively. While they are not involved in the day-to-day operational management of the Trust, NEDs play a critical role in supporting the Board to deliver strategic objectives, improve outcomes for patients and the public, and uphold the organisation's values and statutory obligations.

Key responsibilities include:

- Acting as guardians of corporate governance, ensuring that the Board operates with integrity, transparency, and accountability.
- Providing constructive challenge to the Executive Directors, holding them to account for the performance of the Trust, including quality, safety, operational delivery, and financial stewardship.
- Contributing expertise, experience, and independent judgement to the development and oversight of the Trust’s strategy, ensuring alignment with system priorities and regulatory expectations.
- Supporting the Board in fostering a positive culture, promoting inclusivity, equality, and diversity, and ensuring that patient-centred care remains at the heart of decision-making.
- Serving as a bridge between the Board and the wider community, helping to ensure that the Trust remains responsive to the needs and expectations of patients, staff, and stakeholders.
- NEDs bring a breadth of knowledge and experience to the Board, enhancing its collective capacity to oversee the organisation effectively, ensure compliance with statutory and regulatory requirements, and drive continuous improvement in care quality and organisational performance.

In line with NHS England’s guidance, “Enhancing Board Oversight: A New Approach to Non-Executive Director Champion Roles”, the Trust has appointed Non-Executive Director (NED) Champions to provide focused oversight, strategic insight, and expert input in key areas of organisational governance.

The purpose of the NED Champion roles is:

Area	Committee/Group	Role description
Security Management	Audit Committee People and Culture	<p>Designated Non-Executive Directors provide independent oversight and strategic input on the Trust’s approach to security management, which encompasses counter-fraud measures, prevention and management of violence and aggression, and the protection of the Trust’s assets and estates.</p> <p>Strategic oversight of anti-crime activities is provided by the NHS Counter Fraud Authority, while oversight of violence and aggression prevention falls within the remit of NHS England.</p> <p>The designated Non-Executive Director Security Champion is responsible for promoting a comprehensive and proactive approach to security management across the Trust. This includes:</p> <ul style="list-style-type: none"> • Ensuring that robust systems, policies, and processes are in place to protect patients, staff, assets, and information.

Area	Committee/Group	Role description
		<ul style="list-style-type: none"> • Providing independent scrutiny and challenge of security-related risk management and assurance arrangements. • Supporting relevant Board Committees in overseeing specific aspects of security, including anti-crime and violence and aggression prevention, to ensure compliance with statutory and regulatory requirements. • Promoting a culture of safety, awareness, and accountability in relation to security across the organisation. <p>Through this role, the Security Champion strengthens the Board's oversight of organisational risks, contributing to the delivery of safe, secure, and well-managed services in line with national guidance and regulatory expectations.</p>
Maternity Safety	Quality Committee	<p>In response to the findings of the Morecambe Bay Investigation (2015), the role of a Board-level Maternity Champion was established through Safer Maternity Care (2016), which recommended that "Senior trust managers will want to ensure unfettered communication from 'floor to board' by appointing a board-level maternity champion." The role aligns with subsequent recommendations from the Ockenden Review (2020) and national maternity safety guidance.</p> <p>The Non-Executive Director (NED) Maternity Champion acts as a conduit between staff, frontline safety champions (obstetric, midwifery, and neonatal), service users, Local Maternity System (LMS) leads, the regional Chief Midwife, the lead obstetrician, and the Trust Board. The Champion ensures effective communication, promotes learning, and highlights both challenges and successes in maternity services.</p> <p>Key Responsibilities of the NED Maternity Champion</p> <p>The NED supports the Board Perinatal Safety Champion by:</p> <ul style="list-style-type: none"> • Providing independent, constructive oversight and challenge to the quality and safety of maternity services. • Ensuring that the Board-level Safety Champion is appropriately resourced to carry out their responsibilities. • Challenging the Board to reflect on and respond to the quality and safety of maternity services. • Ensuring that the views and experiences of patients, families, and staff are actively heard and considered in decision-making. <p>The Board-level Safety Champion:</p>

Area	Committee/Group	Role description
		<ul style="list-style-type: none"> • Maintains a curious, questioning approach to understanding the quality and safety of maternity services. • Collaborates with frontline safety champions to draw on multiple sources of intelligence, including patient and staff feedback, audit outcomes, and incident reports, to develop a comprehensive view of service performance. • Provides regular updates to the Trust Board on matters requiring Board-level oversight or action. <p>Assurance and Oversight</p> <ul style="list-style-type: none"> • The NED Maternity Champion utilises approaches such as appreciative inquiry and the Maternity Self-Assessment Tool to provide assurance that the Trust delivers safe, high-quality maternity care. This role supports compliance with the National Staff and Patient Safety Initiatives, including the NSR Maternity Incentive Scheme Safety Action 9, which references the Board-level Safety Champion function. • Through this role, the NED strengthens Board oversight, promotes a culture of continuous learning, and ensures that the Trust's maternity services consistently meet national safety and quality standards.
Wellbeing guardian	People and Culture Committee	<p>This role was established in response to the overarching recommendation from Health Education England's 'Pearson Report' (NHS Staff and Learners' Mental Wellbeing Commission, 2019) and subsequently embedded in policy through 'We Are The NHS: People Plan 2020/21 – Action for Us All'.</p> <p>The NED Staff Wellbeing Champion is responsible for promoting and challenging the Trust to adopt a compassionate and inclusive approach that prioritises the health, wellbeing, and psychological safety of all staff. The role supports the Board in embedding a preventative, proactive approach to staff wellbeing that addresses inequalities and ensures that workforce health is considered in all decisions.</p> <p>Key responsibilities include:</p> <ul style="list-style-type: none"> • Providing independent oversight and challenge to ensure the Trust actively promotes staff health, wellbeing, and engagement across all levels. • Supporting the Board in embedding wellbeing as a core part of organisational culture, strategy, and operational planning. • Encouraging preventative measures and initiatives

Area	Committee/Group	Role description
		<p>that reduce workplace stress, tackle inequalities, and promote resilience.</p> <ul style="list-style-type: none"> • Acting as a visible advocate for staff, ensuring their experiences, concerns, and feedback are understood and addressed by the Board. • Supporting the development of sustainable wellbeing practices, with the expectation that, as wellbeing becomes embedded into routine Board decision-making, the requirement for specific oversight from the Wellbeing Guardian will reduce over time. <p>The Guardian community website and associated resources provide guidance, tools, and best-practice examples to support the NED in fulfilling this role effectively.</p>
Freedom to Speak Up NED Champion	People and Culture Committee	<p>The Robert Francis Freedom to Speak Up Report (2015) highlighted the need to create a supportive, open, and transparent culture in which staff feel empowered to raise concerns about patient care, safety, and organisational practice. In line with these recommendations, all NHS trusts are expected to appoint a Freedom to Speak Up (FTSU) Guardian to provide staff with an independent, impartial, and clearly defined route for raising concerns.</p> <p>The Non-Executive Director (NED) FTSU Champion role is distinct from that of the Guardian but provides critical board-level support and oversight. The NED Champion:</p> <ul style="list-style-type: none"> • Acts as an independent voice and advocate for staff raising concerns, promoting a culture in which openness, transparency, and psychological safety are embedded across the organisation. • Works closely with the FTSU Guardian to ensure that issues raised are communicated effectively to the Board of Directors, enabling informed oversight and timely action. • Provides constructive challenge to the Executive team on matters related to raising concerns, the Trust's response, and the overall culture of openness and accountability. • Raises questions and seeks assurance when concerns are not being addressed, ensuring that systemic issues are identified and resolved. • Supports the Board in monitoring trends, outcomes, and lessons learned from concerns, contributing to continuous improvement in patient safety, staff engagement, and organisational governance. <p>The FTSU NED Champion, together with the Guardian, strengthens the Board's assurance that the Trust maintains a safe and transparent environment for speaking up and ensures compliance with national standards for staff</p>

Area	Committee/Group	Role description
		empowerment and patient safety. A full description of NED responsibilities can be found in the FTSU supplementary guidance.

The Trust has appointed a Non-Executive Director (NED) Engagement Champion to provide independent oversight, support, and constructive challenge regarding the Trust’s approach to stakeholder and public engagement. The Engagement Champion ensures that the development, implementation, and delivery of the Trust’s engagement strategy are effective, transparent, and aligned with the organisation’s strategic objectives.

The role of the Engagement Champion includes:

- Providing assurance to the Board that stakeholder and public engagement is meaningful, inclusive, and supports continuous improvement in service design and delivery.
- Offering independent challenge and guidance on the effectiveness of engagement activities and their impact on decision-making.
- Supporting the Trust’s Equality, Diversity, and Inclusion (EDI) agenda, including oversight of strategy, implementation, and progress against planned improvements.
- Acting as a conduit between the Board, staff, patients, and the wider community to ensure that stakeholder perspectives are heard, considered, and incorporated into planning and service delivery.
- Promoting a culture of inclusivity, transparency, and accountability in the Trust’s engagement and EDI activities.

Through this role, the Engagement Champion strengthens Board assurance, supports effective governance, and helps ensure that the Trust delivers services that are responsive, equitable, and reflective of the needs and views of patients, staff, and the public.

12.6 Chief Executive Officer

The Chief Executive Officer (CEO) holds overall executive responsibility for the leadership, management, and performance of the Trust. The CEO is accountable to the Board of Directors for the delivery of strategic objectives and operational performance, and, as Accountable Officer, to NHS England for the Trust’s stewardship of public funds, compliance with statutory requirements, and overall organisational performance.

Key Responsibilities

The CEO is responsible for:

- Corporate Governance and Internal Control: Maintaining a sound system of internal control that supports the achievement of the Trust’s objectives, ensures effective management of risks, safeguards public funds, and protects departmental assets.

- **Financial Stewardship:** Ensuring that the Trust is administered prudently and economically, with resources applied efficiently and effectively, and that robust arrangements are in place for the discharge of statutory functions.
- **Risk Management:** Ensuring that comprehensive risk management frameworks are in place across all organisational, clinical, and financial activities, including the identification, assessment, and mitigation of key risks.
- **Strategy and Delivery:** Supporting the Board in the development of the Trust's strategic vision and organisational objectives, modernising and improving services, and ensuring that plans and objectives are implemented effectively.
- **Performance Oversight:** Monitoring progress towards strategic and operational objectives, ensuring timely, accurate, and meaningful reporting to the Board using reliable data and management systems.
- **Executive Leadership:** Agreeing objectives for the senior executive team, reviewing their performance, and ensuring that leadership capacity and capability are aligned with the organisation's priorities.

Through this role, the CEO provides strategic direction, operational oversight, and executive leadership to ensure that the Trust delivers high-quality, safe, and sustainable services in line with national standards, regulatory requirements, and local system priorities.

12.7 Executive Director Level Leadership and Oversight

The Chief Executive leads a team of Executive Directors who (i) provide professional advice and support (ii) take functional responsibilities that have been delegated to them. An Executive Directors' meeting – including the Medical Director for Integrated Care (who also attends meetings of the Board) occurs weekly and its purpose is to ensure all executives are up to date on issues that affect the Trust internally and externally and to ensure there is robust strategic development and operational plans in place to facilitate the achievement of the Trust's objectives and Board of Directors' decisions. The role of Executive Directors is not to take decisions that should properly go to the Board Committees.

The table below outlines the key areas of accountability and responsibility for the Trust's Executives.

Executive Team Portfolio's - Trustwide Responsibility	Chief Executive Officer	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Operating Officer	Chief People Officer	Chief Strategy & Transformation Officer	Chief Digital Officer
	NHS FT Accounting Officer	Strategic and Operational finance	Professional leadership of medical staff	Professional leadership of nurses, AHPs, and wider healthcare professionals	Operational management	HR management	Corporate strategy and strategic planning	Digital including digital strategy and business
	Freedom to Speak up	Financial strategy, planning and modelling	Outcomes and clinical effectiveness / GIRFT	Integrated governance	Performance delivery	Recruitment, retention and reward	Estates & Capital Development	Information Governance/ Data protection
		Capital planning and prioritisation	Patient consent	Policy management	Performance reporting and management	Bank and agency	Annual planning	Freedom Of Information
		Financial reporting and external audit	Clinical networks	Risk management	Business change / service improvement	Employee relations	Annual Report	CISO Chief Information Security Officer (Cyber security)
		Cash and treasury management	Innovation, research and development	Infection prevention and control (DIPC)	Productivity improvement	Organisational development	Clinical Services strategy	EHR (with CMO/CNO)
		Commissioning and contracting	Responsible officer for appraisal and revalidation	Patient safety, experience and engagement	Business continuity and emergency planning (EPPR)	Staff engagement	Partnerships (Bournemouth University, Networks)	Senior Information Risk Owner (SIRO)
		Procurement	Medical education	Safeguarding, children, adults at risk, Prevent (SAMA, LADO)	Complex Discharge Team	Education, training and, development	Health inequalities	
		Commercial Development	Medical workforce planning	Voluntary services	Site management and security	People strategy	Build Ready	
		Payroll	Medical workforce compliance	PALS and complaints	Facilities (Catering, portering, housekeeping)	Workforce planning	Transforming Care Together Programme	
		Counter fraud	Patient First (Continuous improvement)	Litigation, claims and insurance	Transforming Care Together Service Ready	Leadership development	Sustainability (Green UHD)	
		Internal audit	Guardian of Safe working	Maternity Safety Champion	Strategic and annual demand and capacity planning	Staff health and wellbeing (inc Occupational Health)		
		CIP management and delivery	Caldicott Guardian	PSIRF, Mortality		Communications & Public engagement		
		National and local financial insight and intelligence	Human Tissue Authority licence lead	CQC registration		Equality, Diversity and Inclusion		
		Business cases	Medicines Management	Nursing and AHP professional compliance (NMC, HCPC)		Health and Safety inc Violence and Aggression		
		Business Intelligence	Radiation protection (IRMER)	Workforce planning Nursing, Healthcare science and AHP				
		UHD Charity	Integrated Neighbourhood teams	End of Life lead				
		Clinical Coding	Mortality	Mental health				

*Red denotes statutory responsibility.

13 Care Group Accountability

It is intended that the main axis of accountability for line management, service and budgetary performance will be vertically through the Care Groups and directorates, with the horizontal responsibilities of all Care Groups being for standard setting, quality assurance and ensuring consistency of service across the organisation.

13.1 Care Group Leadership (Tri/Quadrumvirate)

(Care Group Director of Operations, Care Group Medical Director, Care Group Director of Nursing/Maternity)

Within each Care Group, a leadership triumvirate has been established, with the exception of the Women's, Children, Cancer and Support Services Care Group, where the role of the Director of Maternity is an integral part of a quadrumvirate at Care Group Level and the

individual holding this role is also an attendee of the Trust Quality Committee.

Our Care Group tri/quadrumvirates comprise of a Care Group Director of Operations (GDO), Care Group Medical Director (GMD), and Care Group Director of Nursing (GDoN) as well as leads from Human Resources, Finance, Operations, Information, Transformation and Informatics. The GMD and GDoN will be managerially accountable to the GDO. The structure has been designed to support the delivery of the vision and strategic themes, goals and breakthrough objectives for the Trust, through devolving leadership and accountability to a local level, at the same time as ensuring that there is a mechanism for driving standardisation across hospital sites and that there is appropriate Trust level oversight. Clinical services delivered through the Care Groups are viewed as *one service in multiple sites* with a single leadership team. The tri/quadrumvirate team's role is to ensure the delivery of services and performance across all sites within the Trust and includes services provided across Dorset.

All tri/quadrumvirate individuals have responsibility and accountability for all aspects of their Care Group performance (quality and safety, finance, workforce, transformation and operational performance). Each of the Care Groups is accountable under 'collective managerial and professional leadership' to the Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer who hold the tri/quadrumvirate leaders in each Care Group to account for the delivery of Care Group specific key performance indicators. Although the professional lines of accountability as follows, also exist:

- Care Group Medical Directors are professionally accountable to the Chief Medical Officer,
 - Appraisal and objective meetings will be jointly carried out by the Chief Medical Officer and the Group Director of Operations
- Care Group Directors of Nursing are professionally accountable to the Chief Nursing Officer.
 - Appraisal and objective meetings will be jointly carried out by the Chief Nursing Officer and the Group Director of Operations

Group Structure



The mechanism through which Care Groups are held accountable for delivery is through Strategy Deployment Reviews (SDRs), which are led by the Executive Team. The tri/quadrumvirate have responsibility for ensuring delivery of agreed organisational policies, objectives and key performance metrics and the governance, oversight and co-ordination of performance within and across all Directorates. In addition, they are responsible for the

development and implementation of robust remedial plans for areas of underperformance and escalating to the Executive Team key areas of risk that may affect delivery of organisational objectives and strategy. They are also responsible for reporting on areas of improvement and worthy of celebration.

13.2 **Care Group Leadership**

(Deputy CG (Care Group) Director of Operations, Heads of Nursing & Professions, Clinical Directors)

Supporting our Care Group tri/quadrivirate and overseeing our Directorate Teams is our Care Group Leadership comprising Heads of Nursing and Professions, Clinical Directors and Deputy Directors of Operations. These individuals have responsibility and accountability for specific aspects / services within the Care Group portfolio (as well as deputising for Care Group Leadership). They are directly accountable to the Care Group Tri/quadrivirate.

13.3 **Directorate Leadership**

(Clinical Directors, Senior Matrons, Directorate Managers)

Each of our Directorates is led by a Clinical Director, Senior Matron and General Manager. The General Manager has overall accountability for the Directorate. The Directorate Triumvirate has responsibility for ensuring delivery of agreed organisational policies, objectives and key performance metrics, and the governance, oversight and co-ordination of performance within and across their Directorate. In addition, they are responsible for the development and implementation of robust remedial plans for areas of underperformance and escalating to the Care Group Leadership Team key areas of risk that may affect delivery of organisational objectives and strategy. They are also responsible for reporting on areas of improvement and worthy of celebration.

Clinical Directors and Senior Matrons have designated leadership roles in relation to health and care professionals at a specialty level. They have key responsibilities and accountability for ensuring effective clinical and quality governance and that the values and professional standards are instilled within their workforce. They ensure that their teams are aware of and contribute to the organisation wide ambitions and promote essential standards to be delivered. Directorates are held accountable through Directorate Strategy Deployment Reviews (SDRs). The Directorate Leadership Team is accountable for supporting managers / leaders within individual wards and departments, who manage and lead our frontline staff on a day-to-day basis.

- Directorate Clinical Directors are professionally accountable to the Care Group Medical Director and managerially accountable to the General Manager.
 - Appraisal and objective meetings will be jointly carried out by the Care Group Medical Director and the Group Director of Operations
- Directorate senior matrons are professionally accountable to the Head of Nursing & Professions.
 - Appraisal and objective meetings will be jointly carried out by the Head of Nursing and Group Director of Nursing

13.4 **All Staff**

All staff have a responsibility for performance management and improvement, relevant to their

role and are supported to identify improvement opportunities and to act as required, which is being enabled through the Patient First Programme. Specific and generic roles and responsibilities are outlined within all job descriptions.

Part E: Performance Management Framework

14 Performance Management

14.1 Performance management is integral to our Corporate and Care Group Governance Structure. We have agreed a broad range of metrics which form the basis of our performance management framework. Our metrics are based on our strategic priorities and consider all NHS constitutional patient access targets and statutory obligations, along with targets we have agreed locally to support the delivery of our overarching vision, enabling strategies and to address key areas of risk.

As part of the evolving Patient First Improvement Programme within the Trust these metrics are prioritised accordingly, and divided into three types:

- Driver metrics
- Watch metrics
- Discretionary Watch metrics

Type of metric	What is the purpose?	What happens to them?
DRIVER METRICS	Something we are trying to directly drive change on through our improvement effort	These are on the scorecard, and business rules are applied
WATCH METRICS	Something we are watching for any changes (+ or -) as a result of our improvement effort	These are on the scorecard, and business rules are applied
“OTHER” DISCRETIONARY WATCH METRICS	Something we are watching as required for: <ul style="list-style-type: none"> • operational BAU oversight and/or; • to provide context to another metric (watch or driver) and/or; • as a mandated or regulatory requirement. 	These are on the scorecard, and business rules are applied, but they do not go to SDR meetings unless there is thought to be an issue and either a Care Group or Exec wants to raise it for consideration

A clear and agreed set of business rules are applied to the metrics consistently, to ensure that countermeasures are taken against performance deterioration as necessary, and that the proper scrutiny is applied. These business rules are attached as Appendix 4, and are broadly determined by the combination of:

1. The level of variation and any statistically significant special causes as identified through Statistical Process Control (SPC) charts, which:
 - a. Alert us to a situation that may be deteriorating.
 - b. Show if a situation is improving.
 - c. Demonstrate how capable a system is of delivering a standard or target.
 - d. Show if a process that we depend upon is reliable and in control.
2. Assurance against the target

14.2 Patient First Scorecard

A Patient First SDR scorecard is the main depository for data against the key driver, watch and discretionary watch metrics and is used to provide assurance on the strategy deployment at Trust, Care Group and Directorate/service level. This allows the Trust to identify both:

- Areas of performance to be actively worked on to improve, achieve and sustain an identified target, and
- Areas of performance which still require monitoring and reporting and will continue to be addressed through 'Business as Usual (BAU)' but not actively 'problem solved' as a team unless the business rules dictate a change.

The principle of having focus on specific metrics is a recognition of the limits to our resource and therefore this ensures that by identifying a smaller number of priorities we can ensure sufficient focus on addressing root causes and implementation of sustainable solutions, services doing well and those requiring further improvement and escalation to the Care Group Board or Executive Team.

Separate reporting mechanisms may exist for any mandated or statutory reporting requirements or where they form part of a wider Dorset system, Regional or National report.

14.3 Board/Committee/Executive Performance Oversight, Scrutiny and Accountability

Effective scrutiny relies on the provision of clear summary information through a range of documents. At Board/Committee/Executive level these include:

- An Integrated Performance Report (IPR)
- Strategy Deployment Review scorecard
- Corporate and Care Group Project Highlight reports
- A3 problem solving and Countermeasures Summary reports
- Speciality and ward level finance, quality and workforce reports.
- Board assurance framework and risk management (risk register) reports
- External reviews and inspection reports and associated action plans

The graphic below illustrates, at a high-level, the 'Ward to Board' reporting structures which reflect the clinical services of the Trust and the performance reporting arrangements that support the scrutiny of performance within each tier of the organisation.



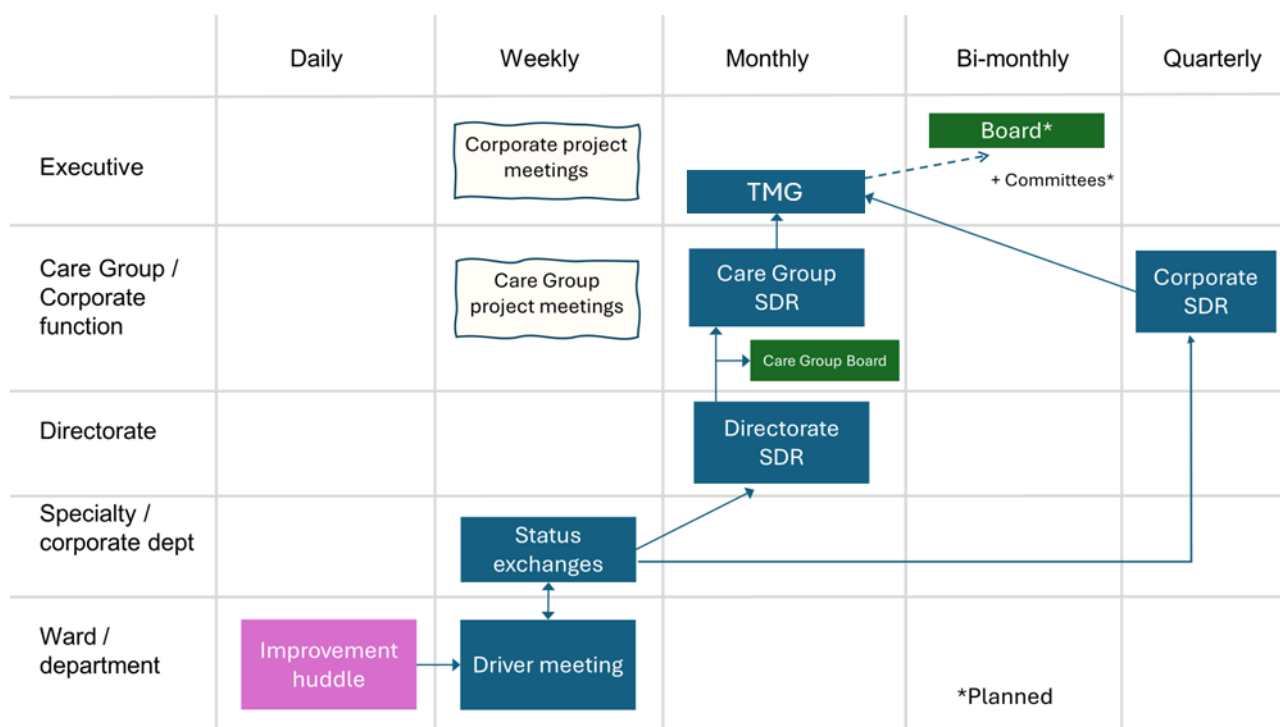
The **Board's** responsibility for the performance of the organisation is enacted through scrutiny and monitoring of performance documented within the **Integrated Performance Report (IPR)**. The **Integrated Performance Report** is owned by the Executive Directors and is presented to the Trust Board each month. This, along with a selection of other assurance reports agreed by the Board as part of their annual Business Cycle, form the basis upon which Executive Directors are held to account.

For **Committees** reporting to the Board the lead Executive Director presents reports for oversight and scrutiny. These reports (or the information within them) are generally scrutinised in the first instance through our Groups, according to their Terms of Reference.

There are also “Gemba²” opportunities for non-executive directors and executive directors to demonstrate coaching, support and accountability at all levels.

14.4 Strategy Deployment Reviews (SDR) – TMG, Care Group, Directorates and Specialties

The cadence of this ‘Ward to Board’ structure is summarised in this section.



TMG Strategy Deployment Review (SDR) meetings (part of TMG arrangements) are held monthly and attended by Trust Executives, Corporate Directors and Care Group Triumvirates. Their purpose is to review progress:

- on corporate projects; and

² Gemba is an approach taken within Patient First action of going to see the actual process, understand the work, ask questions, and learn.

- in creating enabling strategies, and deployment thereof.

Care Group Strategy Deployment Review meetings are held between the Care Group Leadership Team and the Executive Directors. The purpose of these meetings is to review the deployment of the agreed strategy for the organisation. These are the formal checkpoint at which Care Groups are held to account for delivery of the Breakthrough Objectives and agreed care group projects. The reviews seek to ensure that each Care Group is balancing patient safety, quality and staff wellbeing with financial and operational delivery and the overall sustained transformation and improvement of the Care Group.

Care Group Strategy Deployment Review meetings are held monthly, chaired by an Executive Director, and involve all Executive Directors and other nominated attendees. They use the Patient First scorecard and the business rules to ensure they are focused and effective.

Critical issues from Care Group SDRs will be escalated to TMG or other relevant forum, as required-

There is an annual “catchball” process run between Executive Directors and Care Groups prior to the start of each financial year. The purpose of this is to negotiate on the basis of the Trust’s operational plan and strategic objectives, the:

- metrics which the organisation or Care Group identify or are required to measure, and the targets thereof related to each of the strategic themes: Population and System; Our People; Patient Experience; Quality Outcomes and Safety; and Sustainable Services
- improvement projects that the Care Group wants to achieve.

The catchball process also brings awareness of the corporate projects and the Care Group contribution to these, and any necessary transformation work. These areas are the focus of SDR meetings throughout the year.

Directorate Strategy Deployment Review meetings

These meetings are held between the Care Group Leadership Team and Directorate leadership. They hold Directorates to account for delivery of their share of the Care Group’s performance using the Patient First scorecard. They review the maturity of the Patient First Improvement System within their Directorate, and use a coaching approach to problem-solving

Critical issues from Directorate SDRs will be escalated to the Care Group SDRs or other relevant forum, as required-

Specialty level Strategy Deployment Review is undertaken by the Directorate leadership through a series of weekly “Status Exchanges” which are short, focused meetings to enable two-way flow of information, with a standardised agenda. This process is supported by Specialty scorecards, which will be hosted in a central repository and maintained by the Specialties.

Overview of Performance Management Framework

Performance management forum	Accountability	Frequency	Performance information
Trust Board	Non-Executive Directors hold Executive Directors to account	Monthly	Integrated Performance Report (IPR)
Trust Board Committees	Non-Executive Directors hold Executive Directors to account supported by subject matter leads	Monthly/Bi-Monthly/Quarterly	Quality, Patient Safety, Risk, People and Culture, Finance and operational performance reports – as appropriate to the remit of the Committee
Trust Management Group	Executive Directors monitor the performance of the Trust holding members to account.	Twice Monthly	Integrated Performance Report (IPR) with standing items on operational performance, finance, workforce, quality & safety.
Care Group SDR	Executive Directors hold Care Group Boards to account.	Monthly	SDR scorecard driver and watch metrics
Care Group Boards	Care Group Boards scrutinise the holistic delivery of care within their Care Group, using appropriate information and agree actions as required	Monthly	SDR scorecard driver and watch metric and other relevant reports including Quality, workforce, transformation and finance reports as appropriate
Directorate SDR	Care Group Boards hold directorate/ speciality teams to account.	Monthly	SDR scorecard driver and watch metric and other relevant reports as appropriate
Specialty Status Exchange	Directorates hold Specialties to account	Weekly	Specialty scorecard used on a weekly basis to underpin focused conversations or “Status Exchanges” between the leaders

14.5 Quality and Safety

The Trust has an established governance structure which is outlined in the Trust Risk Management Strategy and Quality Governance Toolkit. Quality reporting through these structures supports review, analysis and delivery of key metrics related to patient safety, patient outcomes and patient experience. Quality and safety reporting is structured around the CQC domains of Safe, Caring, Responsive, Effective and Well Led. Board and Board sub-

Committee reporting supports and integrates with wider quality assurance processes such as peer review, annual self-assessment and internal and external audit.

Similar to the Board and Quality Committee reports, Care Group and Directorate Quality and Safety reporting will routinely include:

- Risk issues, mitigations and action plans.
- Patient and staff safety reports, LERN and Patient safety incident response plan (PSIRP) trends, actions and learning.
- Patient experience reports including patient feedback, patient engagement and patient surveys
- Patient outcome reports including compliance with national guidance (e.g. NICE), national and local clinical audits.
- Internal Quality assurance reports and ward accreditation progress reports for wards and clinical areas in the Care Group
- External Quality assurance reports (and associated action plans) including accreditation and peer review reports from professional and regulatory bodies including the Care Quality Commission
- Mortality data review
- Internal comparisons and external benchmarks where available.
- Directorate, specialty, ward level safety and quality data where appropriate.

14.6 Finance

Each year the Trust is required to operate within a set of financial parameters agreed within the Dorset Integrated Care System and with its regulator, NHS England. Achievement of this agreed financial plan is a crucial annual objective for the Trust.

Devolving financial decisions to those individuals and teams best placed to make them is a key part of the Trusts financial management process and supports strong and appropriate financial governance. This is supported by appropriate training and guidance for budget holders, including, but not limited to, the Trusts Standing Orders, Scheme of Delegation and Standing Financial Instructions.

Each year the Trust will undertake a comprehensive operational planning process. Care Groups and Corporate Directorates will be required to fully support and engage with this process and sign off their resulting annual budget. This ensures that the overall resources available to the Trust are appropriately prioritised and delegated prior to the start of the financial year. It also allows financial risks and opportunities to be identified and managed.

This budget sign-off process will require physical signatures as follows:

Care Groups	Corporate Directorates
Chief Finance Officer	Chief Finance Officer (<i>Chief Executive for Finance, Commercial and Business Intelligence Directorate</i>)
Chief Operating Officer	
Group Director of Operations	Corporate Chief Officer

Each month, the Trust is required to submit detailed financial returns to NHS England and report its financial performance through the Finance and Performance Committee to the Board. This reporting includes detailed analysis of the in-month and year-to-date position,

together with the forecast for the remainder of the financial year.

Oversight of financial issues and metrics forms an important part of the Trust's performance management and accountability arrangements. Accordingly, a suite of driver and watch metrics forms part of the SDR scorecard for each Care Group and scrutiny is led by the Chief Finance Officer.

It should be noted that any material failure to deliver on the part of one Care Group or Corporate Directorate may require other areas of the organisation to take additional action, to support the collective achievement of the overall Trust financial plan.

14.7 **Workforce**

Oversight of the key people and culture issues and metrics forms an important part of the Trust's performance management and accountability arrangements. Accordingly, a suite of key performance indicators forms part of the SDR scorecard for each Care Group and scrutiny is led by the Chief People Officer.

14.8 **Transformation and Improvement**

The progress of the Transforming Care Together programme is governed by the Reconfiguration Ready Group (RRG), Build Ready Group (BRG), People Ready Group (PRG) and Move Ready Group (MRG), each of which report into Trust Management Group. Assurance is provided by the Transforming Care Together Group. Build, Reconfiguration, People and Move, Ready groups all have an associated plan with an identified critical path and progress against objectives and critical path actions (CPS's) are monitored through the groups above. Critical path actions are also monitored via Care Group SDR reviews.

Each group has a clear escalation process into TMG. The Reconfiguration Ready Group is supported by the Planned Care Hospital Group and the Emergency Care Hospital Group which undergo regular 'Advise, Alert, Assure' reviews to ensure risks and issues are appropriately escalated if needs be. Delivery of Transforming Care Together forms part of the UHD 'Sustainable Services' Patient First strategy.

Underpinning transformation delivery is a Service and Gateway review process with a risk-based approach to gateways, whereby high-risk services or those 'red' rated against KLOE's (i.e. those requiring more intervention) require more frequent review than those rated 'Green' or 'Amber'. All services are required to undertake a Gateway 3 ('Go/No-Go') review before moving into a new location, with higher risk services requiring Gateway 1 and/or Gateway 2.

Delivery of clinical benefits of the transformation programmes (Merger, STP wave 1 and NHP schemes) will be monitored by 6 monthly audits against benefits that are outlined in the business cases and the results reported to Care Groups and Transforming Care Together Group. Financial benefits of the same programmes will be monitored by the Finance and Performance Group. All benefits form part of Care Group and Specialty transformation plans, with financial benefits included in Care Group finance plans. At specialty level when all services have been reconfigured a lessons learnt report will be completed and will cover off the assessment against the benefits.

14.9 **Operational Performance**

Achievement of the mandated national NHS performance targets is a key priority for the

Trust and includes the following groups of standards:

- Cancer Performance Standards
- Emergency/Urgent care Standards
- Diagnostics (DM01)
- Referral to Treatment (RTT)
- Organisational flow
- Activity

These have been incorporated into the SDR scorecard.

14.10 Corporate functions performance management

Corporate functions have Strategy Deployment Review meetings similar to Care Groups. Corporate functions' performance is measured through existing performance reporting at a corporate level e.g. financial and workforce information. The Corporate Directors are held to account by other Corporate functions as part of the whole Trust response to key indicators such as budget monitoring, vacancy control and absence management information. On request, Corporate Directorates may be required to present their performance and achievements directly to any of the Trust's relevant Committees.

15 Escalation, Oversight, Intervention and Support

- 15.1 The table below sets out the framework that we are working towards to ensure a consistent approach to escalation, oversight, intervention and support. This requires corporate teams to ensure the timeliness and accuracy of information to support Care Group Strategy Deployment Reviews. This is aligned to our model of SPC and should be replicated at a Care Group level, by Care Group Boards.
- 15.2 An assessment against the escalation framework is conducted by Executives and Care Groups as part of the preparation work for Care Group SDRs and shared within the SDR to reach agreement. (Appendix 5) Where performance is within the identified thresholds, management of any adverse performance remains within the remit of the Care Group Tri/quadrivirate supported by the Care Group Board. Where performance is adverse, escalation, which may include additional oversight, intervention or support should be enacted.

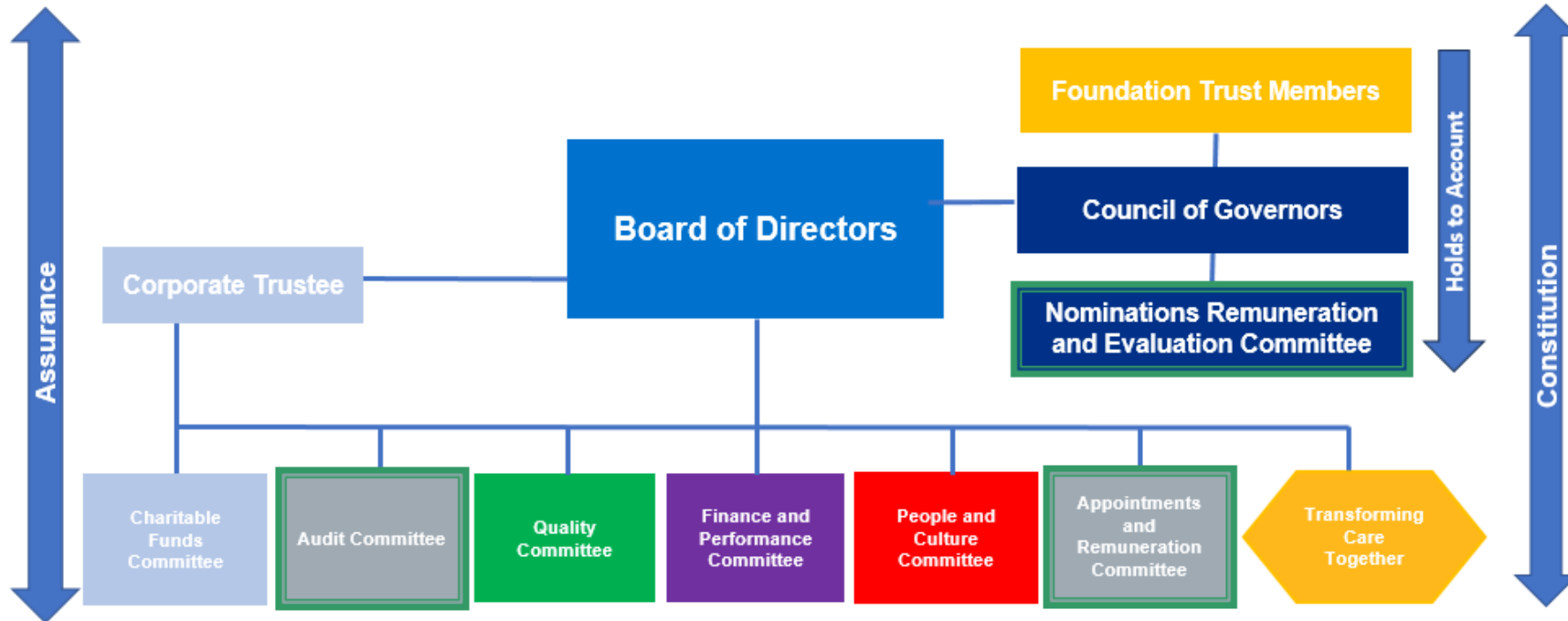
Escalation Level	Characteristics of a Care Group/ Directorate at this level	Oversight	Escalation actions	Additional Support options
Care Group/	<p>Consistent delivery or improvement against strategic objectives across all 5 domains at Care Group/Corporate Directorate level: Population & Systems, Our People, Patient Experience, Quality Outcomes & Safety and Sustainable Services.</p> <p>Sub-Care Group metrics indicating continued under performance such that it is impacting overall Care Group or Trust operational performance, or raises finance, quality, or safety concerns. Enhanced support may be triggered also by significant one-month deterioration depending on the performance metric.</p>	<p>Escalation of issue via Care Group/Corporate Directorate Governance structures and area asked to provide assurance of plan in place to recover/ improve performance.</p> <p>Operational Delivery Group or other relevant group (finance, quality, workforce, or safety) may provide enhanced oversight of specific performance area including assurance of plan in place to address underperformance and identification of support needs.</p>	<p>No Executive enhanced interventions at this level, beyond which is considered business as usual.</p> <p>Targeted interventions by Care Group triumvirate/Corporate Directorate lead should include:</p> <ul style="list-style-type: none"> enhanced frequency or escalation of oversight additional management/ clinical support consideration of additional individual performance support 	<p>Local senior support and Continuous Improvement expertise as required.</p> <p>Executive support, if required, is focused on development opportunities.</p> <p>Additional support from outside of the Care Group/Corporate Directorate (if required), including external Trust expertise to assess recovery/action plans.</p>
Low intensity Executive enhanced support	<p>Enhanced support triggered by early warning signs of deteriorating performance (<2months) and/or a significant one-month deterioration at Care Group level depending on the performance metric.</p>	<p>Enhanced oversight at Care Group SDR of area of underperformance including assurance of plan in place to address underperformance and identification of support needs.</p> <p>Decision on escalation actions determined or ratified at Care Group/Corporate Directorate SDR.</p>	<p>In addition to the above:</p> <p>Improvement plan, trajectory/target and timescales required to be in place.</p> <p>Executive and/or external enhanced interventions agreed, if required, and/or enhanced in-month oversight and reporting group/ arrangements agreed.</p>	<p>Executive support if required, is focused on improvement opportunities.</p> <p>Local senior support and Continuous Improvement expertise, as required.</p> <p>Additional support from outside of the Care Group/Corporate Directorate (if required), including external Trust expertise to assess recovery/action plans.</p>
Medium intensity Executive enhanced support	<p>Delivery issues identified against one or more strategic objectives where Full Countermeasures Summary is not demonstrating improvement or evidencing further deterioration >2 consecutive months and/or there are significant performance concerns.</p> <p>Performance metrics indicating continued under performance (for more than 2 months) such that it is impacting overall Trust operational performance, or raises finance, quality, or safety concerns.</p> <p>OR</p> <p>Variation indicates inconsistent delivery of improvement.</p>	<p>Step 1: Improvement plan/ trajectory to be reviewed by relevant Executive Lead and/or external advisor outside of SDR.</p> <p>Step 2: Alert to relevant Board Committee for information and assurance on action plan and recovery trajectory.</p> <p>Step 3: Consider if improvement plan/ trajectory should be shared with relevant System Delivery Group for information.</p>	<p>Actions to be agreed focused on supporting improvement and Executive oversight to be maintained in-month. Improvement trajectory/target and timescales agreed.</p> <p>Broader intervention may be deployed as deemed appropriate by the Executive Director in agreement with the Care Group/Corporate Directorate.</p> <p>Potential service / capability review or diagnostic (internal or external).</p>	<p>Support focused on specific improvement issues.</p> <p>Enhanced support from corporate functions, i.e. Transformation, Performance, Quality Teams where appropriate</p> <p>Partnering with another high performer</p>
High intensity Executive enhanced support	<p>Delivery issues identified against one or more strategic objectives where Full Countermeasures Summary is not demonstrating improvement for >3 consecutive months.</p> <p>Performance metrics indicating continued under performance (for more than 3 months) such that it is impacting overall Trust operational performance, or raises finance, quality, or safety concerns.</p> <p>Consistent indications of 'special causes of concerning nature' or 'consistent falling short of targets/objectives' within SDR scorecard.</p> <p>Issue identified which requires significant support to achieve recovery.</p> <p>Executive team have limited confidence in the capacity/ability to deliver improvement without additional support and challenge.</p>	<p>Step 1: Improvement plan/ trajectory to be reviewed by relevant Executive Lead and/or external advisor outside of SDR and scrutinised by Board Subcommittee.</p> <p>Step 2: Improvement plan/trajectory shared with System Recovery Group/relevant system delivery group for information and/or assessment.</p> <p>Step 3: Consider escalation to Provider Collaborative Board to discuss/ identify further actions to be taken across provider organisations</p>	<p>Agreement on additional improvement actions between Executive Lead and Care Group and plan tabled for approval of Executive Team</p> <p>Intensive oversight arrangements (as deemed appropriate / proportionate)</p> <p>Restriction on Care Group autonomy/decision capabilities in areas to be agreed.</p> <p>Mandated service / capability review or diagnostic (internal or external)</p>	<p>Support focused on rapid quality or safety, financial or operational improvement.</p> <p>Lead Executive Director working with the team directly on delivery of improvement actions.</p> <p>Divisional triumvirate coached by Executive counterpart.</p> <p>Enhanced support from corporate functions, i.e. Transformation, Performance, Quality Teams where appropriate</p> <p>Partnering with another high performer or provision of external support / coaching where appropriate</p>

- 15.3 Any Care Group asked to produce a counter measure support/recovery plan may also be requested to attend the Trust's Finance and Performance Committee, People & Culture Committee or Quality Committee, where a review of the plan will be undertaken. If any group or body is tasked with addressing adverse performance, a summary update on progress will be expected.
- 15.4 The principles within this document are equally applicable to the system of performance management undertaken by Care Groups when reviewing the performance of their portfolio of clinical services. In this respect the Care Group is acting under its span of control. The system of performance management at this level includes routines and reports including, but not limited to:
- Care Group to meet at least monthly with a standard agenda, minutes and action tracking where required.
 - the agenda will include a minimum range of review areas such as quality, workforce, activity and performance, finance, and risk; and
 - escalation triggers are expected to be as robustly applied as those applicable to Care Group

Appendix 1 - A diagram illustrating the Trust's governance structure

Corporate Governance Structure

Tier 1: Members, Governors, Board and Committees

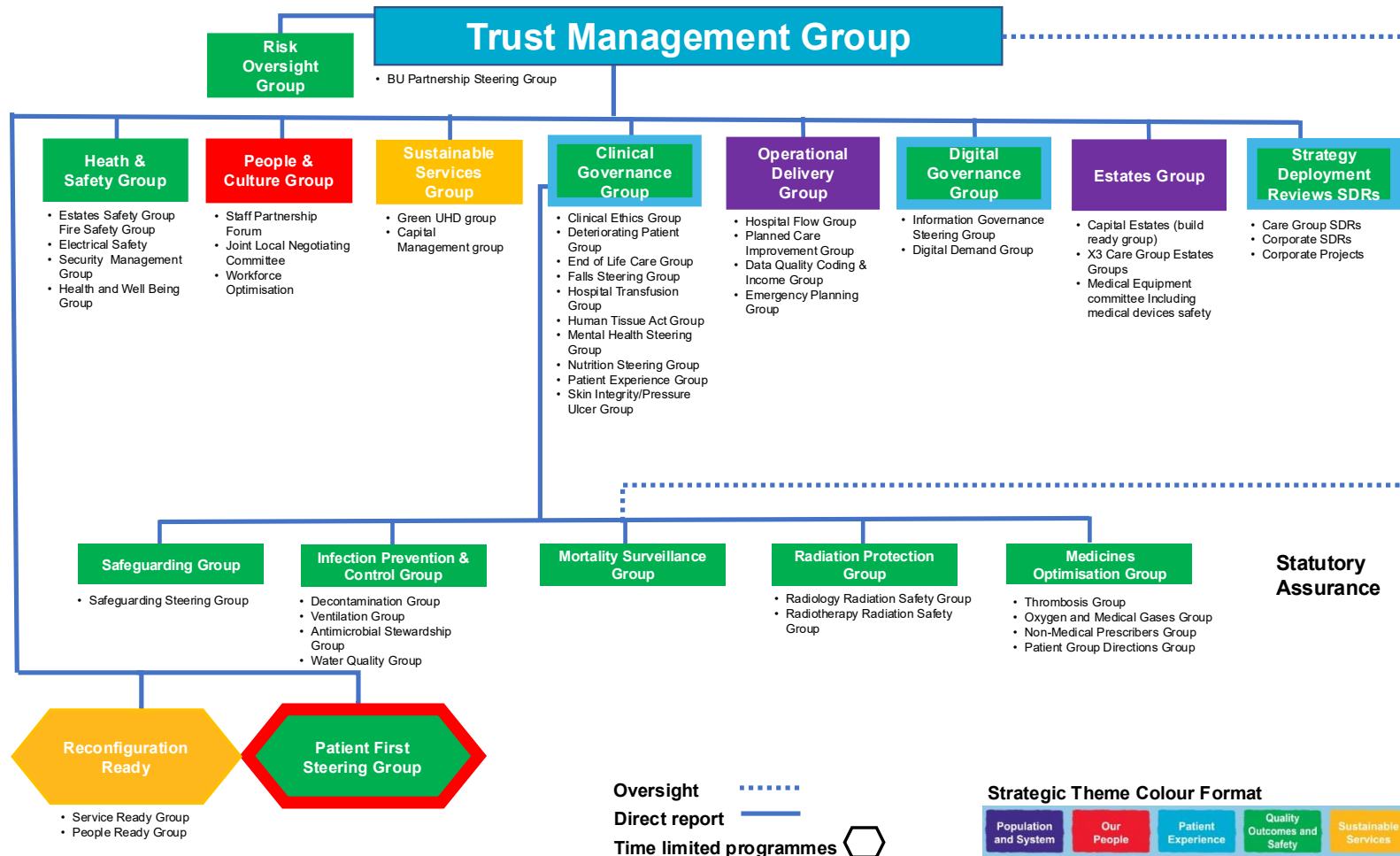


Trust Management Group
 TMG accountable to Chief Executive; reports through Executive Directors to Board

Statutory (green box)
 Oversight (dotted line)
 Direct report (solid line)
 Time limited programmes (yellow hexagon)

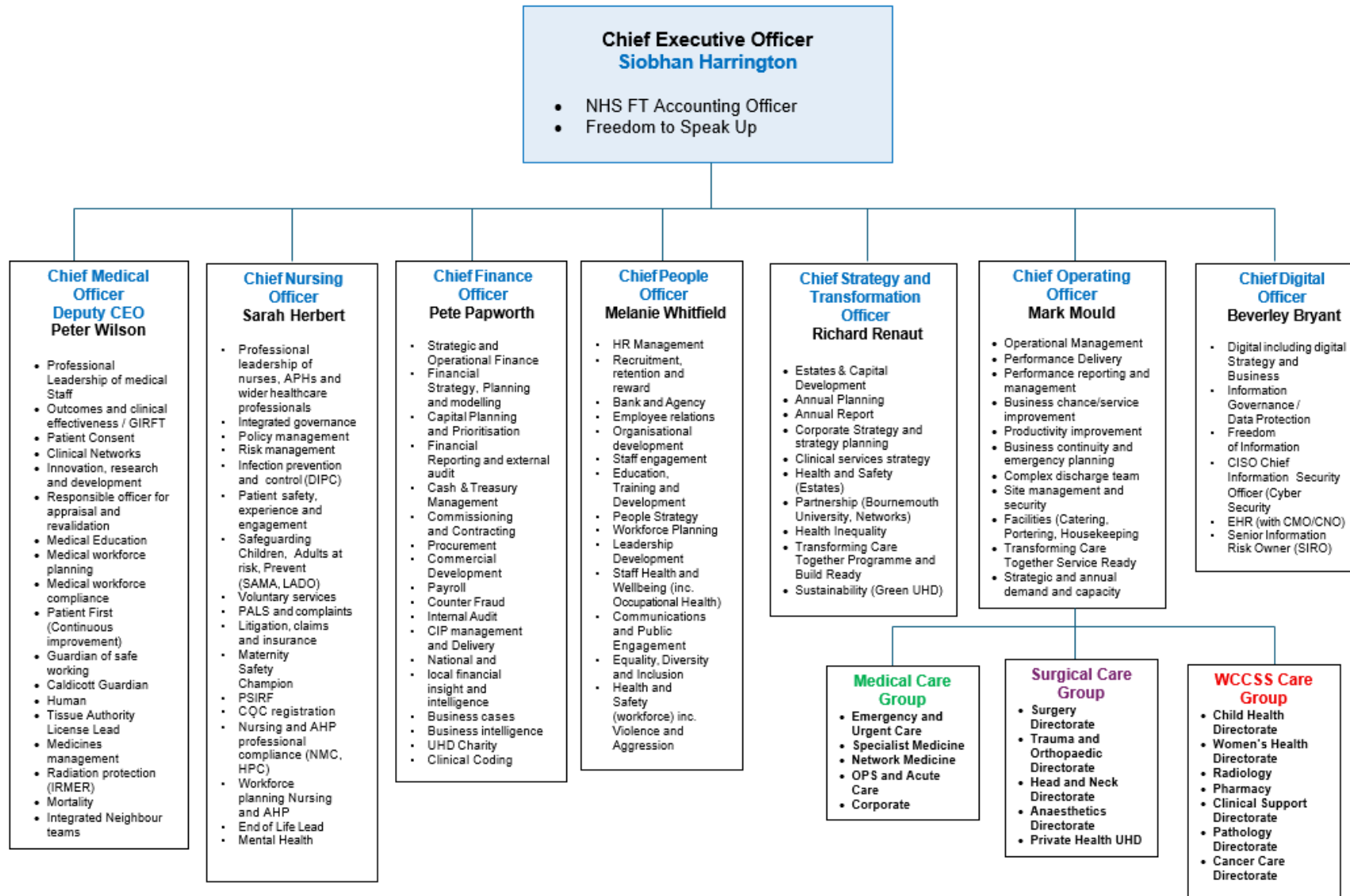
Corporate Governance Structure

Tier 2 and 3: Executive Led Groups



Appendix 2 - A diagram illustrating the Directors' Portfolios

University Hospital Dorset NHS Foundation Trust - Directors' Portfolios - accurate as of March 2026



Appendix 3 – Template Care Group Board Terms of Reference and Membership and Agenda

Template

[...] Care Group Board

Terms of Reference and Membership

Date

1. PURPOSE

The Care Group Board is the main senior leadership group of the Care Group, with delegated decision-making responsibility for defined areas, within the parameters of annual operating plans agreed by the Trust's Board of Directors and/or Trust Management Group (TMG) (and the Trust's Standing Financial Instructions).

The Care Group Board functions to support oversight, scrutiny and assurance at a Care Group level in accordance with the Trust's Accountability Framework. It is required to provide assurance to TMG about progress and performance in defined areas and do the work-up on recommendations to TMG about policy, resource allocation and change plans.

The Trust Management Group will receive the minutes of Care Group Board meetings and an Alert, Advise and Assure report.

2. RESPONSIBILITIES

The primary aim of the Care Group Board is to ensure scrutiny, assurance and delivery of all objectives / targets, to monitor, control and escalate risks as appropriate and develop and oversee implementation of strategies and plans for all services within the Care Group.

The Care Group Board shall provide advice to the Chief Executive and Chief Officers on the development of the Trust strategy, quality improvement strategy, development of services and any proposed capital investments. It will also monitor the performance of the Care Group, advising and agreeing any mitigating or corrective action as appropriate. This will include the following:

Strategy

- Oversee development and implementation of strategy and operational plans at a Care Group level and associated Key Performance Indicators (KPIs), ensuring the adoption of best practice where available.
- Develop and oversee implementation of an Annual Plan, aligned with priorities agreed through our Trust operational planning process and Patient First.
- Consult upon and agree any relevant policies, procedures, guidelines, standard operating procedures and protocols and monitor their implementation, where relevant, at a Care Group level.
- Oversee the annual business planning process and advise the Board of Directors via the TMG on the distribution of available resources.
- Review progress in delivering the Trust's transformation programme.
- Review and agree specific strategies prior to submission to TMG for approval. This may include the following:
 - The development of clinical services;
 - Trust's strategy on research and innovation;
 - Relationship management with external partners.

Performance

- Oversee the delivery of the annual corporate objectives of the Trust, including the delivery of all financial, workforce, quality, access and other targets and standards.
- Receive assurance on the delivery of strategy and relevant key performance metrics, ensuring the appropriate allocation of resource via SDRs.
- Monitor the operational systems and processes which ensure competent management within the Care Group.
- Identify, delegate and review relevant actions to improve performance.
- Report any exceptions to the Annual Plan, delivery of strategy or areas of underperformance to the Executive Team via the Strategy Deployment Review (SDR) process.

Risk Management

- Ensure that any risks are managed and reviewed via the Risk Register and in accordance with the Risk Management Policy.

Patient Safety

- Monitor trends relating to LERNs and patient safety events, ensuring that lessons are learned, and appropriate action is taken. This may be delegated to the Care Group Rapid Review/PSIRF group although the care group board will retain responsibility for oversight

Quality Governance

- Review clinical governance arrangements within the Care Group in order to be assured that Directorates and Specialties are holding regular Quality and Safety meetings in accordance with the Trust Quality Governance Toolkit.
- Review quality metrics, sharing good practice and recommend appropriate actions as required to improve performance.
- To review national legislation, guidance and best practice and address local implications of such guidance as appropriate.
- Oversee / monitor implementation of Care Quality Commission actions plans arising from internal / external review, audit, assessment or accreditation.

Governance

- Review governance arrangements and performance, including meeting required clinical standards and recommend appropriate action.
- To review national legislation, guidance and best practice and address local implications of such guidance as appropriate.
- Oversee / monitor implementation of actions plans arising from internal / external review, audit, assessment or accreditation.
- Approve business cases, prior to their submission to, and approval by, the Trust Management Group, Finance and Performance Committee or Board of Directors where appropriate.

- Undertake an annual self-assessment of effectiveness to inform any changes to Terms of Reference and Membership

3. MEMBERSHIP AND ATTENDANCE

3.1 Membership of the Care Group Board comprises:

- The Group Director of Operations (Chair)
- The Group Medical Director
- The Group Director of Nursing
- Directorate Managers and General Managers
- Directorate Clinical Governance Leads
- Directorate Clinical Directors
- Directorate Matrons
- Directorate Heads of Profession

3.2 In addition, it is expected that the following individuals will routinely attend the meetings:

- Finance business partner
- HR business partner
- Business intelligence representative
- Quality and Safety team representation
- Transformation & improvement leads for the Care Group
- Communications representative

3.3 The Care Group Board will be chaired by the Group Director of Operations. In his/her absence, an individual nominated by the Group Director of Operations will take the chair.

3.1 Subject to paragraph 3.2 above, only members of the Care Group Board have the right to attend its meetings. If one of the individuals referred to in paragraph 3.1 or 3.2 above is unable to attend, he/she may exceptionally nominate a suitable deputy empowered to act in his/her place.

3.2 Members should aim to attend all scheduled meetings but are expected to attend a minimum of two thirds of meetings on an annual basis. The secretariat for the Care Group Board will maintain a register of members' attendance.

3.6 Other individuals may be invited to attend for all or part of any meeting, as invited by the Chair. The Chief Medical Officer, Chief Nursing Officer and/or Chief Operating Officer may attend meetings of the Care Group Board by prior notice to the Chair.

4. CONDUCT OF BUSINESS

4.1 The Standing Financial Instructions of the Trust, as far as they are applicable, shall apply to the Care Group Board and any of its meetings.

4.2 The Care Group Board will normally meet monthly and at such other times as the Chair shall require. Executive Directors (or some of them) will attend meetings of the Care Group Board on a quarterly basis.

- 4.3 Meetings of the Care Group Board shall be quorate if there are at least eight members present with representation required from all Directorates and the Care Group senior management tri/quadrumvirate.
- 4.4 Meetings of the Care Group Board shall be called by [] at the request of the Group Director of Operations.
- 4.5 [] is responsible for preparing the agenda for agreement by the Chair. [] shall collate and circulate papers to Care Group Board members. Unless otherwise agreed by the Chair, the agenda and papers should be circulated not less than five working days before the meeting.
- 4.6 Business of the Care Group Board may be transacted through virtual media (including, but not limited to, video conferencing). At the start of each meeting taking place without all parties physically present, the Chair shall be responsible for determining that the meeting is quorate.
- 4.7 Proceedings and decisions made will be formally recorded by [] in the form of minutes, which shall be submitted to the next meeting of the Care Group Board for approval.

5. RELATIONSHIPS & REPORTING

- 5.1 The Care Group Board is accountable to the Chief Executive for the operational management of the Trust to meet the Trust's corporate objectives and the implementation of its strategy and policies.
- 5.2 Care Group Board members will be responsible for ensuring that staff within their areas of responsibility, are kept appropriately informed about Care Group and Trust issues.

6. MONITORING

- 7.1 Attendance will be monitored at each meeting of the Care Group Board. A matrix (see example in the Appendix to these Terms of Reference) of membership attendees will be used for monitoring purposes.

7. REVIEW

- 7.1 These Terms of Reference will be reviewed annual or sooner if appropriate.

Example Template

[...] Care Group Board































Agenda

Meeting held on xx20xx at xx [time]

Venue, site or via Microsoft Teams

Time	No.	Agenda Item	Purpose	Lead	Format
		PROCEDURAL ITEMS			
	1.	Chair's Welcome, Apologies and Quoracy	Information		Verbal
	2.	Declarations of Interest	Assurance		Verbal
	3.	Minutes of the Meeting held xx 2022	Approval		Enclosure
	4.	Matters Arising via the Post Meeting Action Log	Assurance		Enclosure
	5.	Feedback from TMG	Information		Verbal
		RISK MANAGEMENT			
	6.	Risk Register – including risks scoring 8 and above, risk register performance reports			
		HIGH QUALITY			
	x.	Care Group Quality and Safety Group Report (date)	Assurance		
	x.	CQC Action plan update	Information		
	x.	Patient Safety Performance Report			
		PEOPLE			
	x.	Care Group Workforce and Culture Group Highlight Report (date)	Assurance		
	x.	Executive People and Culture committee report	Information		
	x.				
		RESOURCES			
	x.	Care Group Finance Report	Assurance		
	x.	Business Cases (ad hoc)	Approval		
	x.				
		RESPONSIVE			
	x.	Directorate SDR escalations	Assurance		
	x.	Executive Finance and Performance Committee report	Information		
	x.				
		IMPROVING AND INNOVATING			
	x.	Care Group Transformation Steering Group highlight report	Assurance		
	x.				
		SYSTEMS AND PARTNERS			
	x.				
	x.				
		CLOSING MATTERS			
	x.	Review of meeting effectiveness			Verbal
	x.	Items for celebration			Verbal
	x.	Agreement of Items for Escalation to Executive Groups			Verbal
		Any other business			Verbal
		DATE AND TIME OF NEXT MEETING			

Appendix 4 – Strategy Deployment Review Business Rules

Variation	Assurance	What does this mean?	Business rules for DRIVER	Business rules for WATCH
		Special cause of a concerning nature due to Higher (H) or Lower (L) values. Metric is consistently Passing (P) the target	Verbal Countermeasures Summary to support continued delivery of the target	Note performance , but do not consider escalating to a Driver metric presently
		Common cause variation – no statistically significant change. Metric is consistently Passing (P) the target	Note performance , consider revising the target or downgrading to a Watch metric	Note performance
		Special cause of an improving nature due to Higher (H) or Lower (L) values. Metric is consistently Passing (P) the target	Note performance , consider revising the target or downgrading to a Watch metric	Note performance
		Special cause of a <i>concerning</i> nature due to Higher (H) or Lower (L) values. Metric is inconsistently hitting or missing the target	Verbal Countermeasures Summary to support consistent delivery of the target	Note performance , but do not consider escalating to a Driver metric presently
		Common cause variation – no statistically significant change. Metric is inconsistently hitting or missing the target	Verbal Countermeasures Summary to support consistent delivery of the target	Note performance , but do not consider escalating to a Driver metric presently
		Special cause of an improving nature due to Higher (H) or Lower (L) values. Metric is inconsistently hitting or missing the target	Note performance	Note performance
		Special cause of a <i>concerning</i> nature due to Higher (H) or Lower (L) values. Metric is consistently Failing (F) the target	Full Countermeasures Summary to support actions and delivery of improved performance	Full Countermeasures Summary to support actions and delivery of improved performance. Consider escalating to a Driver metric
		Common cause variation – no statistically significant change. Metric is consistently Failing (F) the target	Full Countermeasures Summary to support actions and delivery of improved performance	Verbal Countermeasures Summary , but do not consider escalating to a Driver metric presently
		Special cause of an improving nature due to Higher (H) or Lower (L) values. Metric is consistently Failing (F) the target	Full Countermeasures Summary to support actions and delivery of improved performance	Note performance , but do not consider escalating to a Driver metric presently
		No variation data available. Metric is Passing (P) the target	Note performance	Note performance
		No variation data available. Metric is Failing (F) the target	Full Countermeasures Summary to support actions and delivery of improved performance	Verbal Countermeasures Summary
		Special cause of a <i>concerning</i> nature due to Higher (H) or Lower (L) values. No target available	Full Countermeasures Summary to support actions and delivery of improved performance	Verbal Countermeasures Summary . Consider escalating to a Driver metric
		Common cause variation – no statistically significant change. No target available	Verbal Countermeasures Summary to support continued delivery of performance	Note performance
		Special cause of an improving nature due to Higher (H) or Lower (L) values. No target available	Note performance	Note performance
		No target available. No variation data available.	Note performance	Note performance

Appendix 5 – Assessment Template against the escalation framework

STRATEGIC THEME	BREACKTHROUGH OBJECTIVES	Care Group Assessment		Executive Team	
		LEVEL OF ESCALATION (None/Low/ Medium/High)	RATIONNALE (Key triggers for escalation)	Agree with Care Group Assessment? (Yes/No)	RATIONNALE (Key triggers for escalation)
POPULATION AND SYSTEM					
OUR PEOPLE					
PATIENT EXPERIENCE					
QUALITY OUTCOMES AND SAFETY					
SUSTAINABLE SERVICES					