

Assurance Framework for the Integrated Governance Report

Part A

The Executive Summary to the Integrated Board Report provides an overall assessment of the level of assurance in relation to the Trust's strategic risks and operational risks at 15 and above.

Part B

The Executive Summary to the Integrated Board Report provides an overall assessment of the level of assurance in relation to the domains of safe, effective, caring, responsive and well led, using the assurance opinion categories of the Trust's internal audit programme.

The table below sets out the overarching framework for each category against each such domain tailored to the Trust's service portfolio and approach to board assurance. The framework does not and is not intended to cover all parameters set out in the CQC domains – many of these would be evidenced in other ways on an inspection such as by service visits. When services are referred to in the framework this is a whole service (ie MSK, universal children's service).

The assurance level set out in the Executive Summary relates to the two-month reporting period of the Integrated Governance Report.

Domain	Assurance being sought	Ref	Lead Exec	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Safe	That our patients are protected from abuse and avoidable harm.	S1	KH	90% patient safety incidents reported in period are no/low harm	75% patient safety incidents reported in period are no/low harm	50% patient safety incidents reported in period are no/low harm	25% patient safety incidents reported in period are no/low harm
		S2	KH	Never event not reported in any service during the reporting period.	Never event not reported in any service during the reporting period and progress is being made against action plans for any previous event.	Never Event occurred in one service.	Never Event occurred in two or more services. Or similar Never Event occurred in the same service.
		S3	KH	All open action plans previously reported for Serious Incidents are on target for completion.	75% of all open action plans previously reported for Serious Incidents are on target for completion, and there is an escalation plan in place.	50% of all open action plans previously reported for Serious Incidents are on target for completion, and there is an escalation plan in place.	25% of all open action plans previously reported for Serious Incidents are on target for completion and there is an escalation plan in place.
		S4	AP	staffing pressures are adequately controlled with minimal impact on service delivery	staffing pressures are adequately controlled, plans agreed with commissioner for prioritising service delivery and service plans in place to reduce staffing pressures	staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place	staffing pressures resulting in reduced service delivery and no commissioner agreed plan or internal service plan in place in same service for two or more reporting periods

		S5	KH	No outbreaks of covid19 identified, within the reporting period.	Outbreaks of covid19 identified in service (s), but no impact reported on service provision.	Outbreaks of covid19 reported, with minimal impact on service provision.	Outbreaks of covid19 reported, with impacts on 3 or more services areas.
		S6	KH	<p>A Staff Flu Vaccination plan is in place which includes mitigations, with a final target percentage set (for end of February 2023)</p> <p>Plan to be commenced by the 1st of October 2022.</p> <p>To be noted this is a seasonal indicator and should only be measured from Oct-Feb, with a final level of assurance highlighted in April's Board. Additionally external factors such as vaccine supply may impact on commencement timeframes</p>	A Staff Flu Vaccination plan is in place which includes mitigation, and there is evidence that the final target (in%) will be met by the end of February 2023.	A Staff Flu Vaccination plan is in place, with some mitigations, and there is evidence that the final target (in%) will not be met by the end of February 2023.	No Staff Flu vaccination plan in place, with no mitigations, and the end final target (in %) will not be met by the end of February 2023.
		S7	KH	All service changes have a quality impact assessment and equality impact assessment in place.	Majority of service changes have a quality impact assessments and equality impact assessments undertaken	Some service changes have a quality impact assessments and equality impact assessments undertaken	No quality impact assessments or equality impact assessments have been undertaken for services that have changed

		S8	KH	IPAC Assurance Framework completed and all requirements in place.	IPAC Assurance Framework completed with a plan in place to ensure any gaps identified are addressed.	IPAC Assurance Framework completed but no plan in place to address identified gaps.	IPAC Assurance Framework not completed.
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Domain	Assurance being sought	Ref	Lead Exec	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Caring	Do our services involve and treat people with compassion, kindness, dignity and respect?	C1	KH	Friends and Family Test scores are at 90% or over, for all services across the organisation/	Friends and Family Test scores are at 90% or above for 90% of our services	Friends and Family Test scores are at 90% or above for 80% of our services	Friends and Family Test scores are at 90% or above for 70% of our services
		C2	KH	That all formal complaints are responded to within the timeframes agreed with the complainant.	That 90% of formal complaints are responded to within the timeframes agreed with the complainant.	That 80 % of formal complaints are responded to within the timeframes agreed with the complainant.	That 70% of formal complaints are responded to within the timeframes agreed with the complainant.

		C3	KH	95% of all complainants offered local resolution within 4 working days.	85% or more of all complainants offered local resolution within 4 working days	50% or more of all complainants offered local resolution within 4 working days	25% or less of all complainants offered local resolution within 4 working days
		C4	KH	That all services receive complimentary feedback from patients/carers/public.	That 75% of all services receive complimentary feedback from patients/carers/public.	That 50% of all services receive complimentary feedback from patients/carers/public	That 25% of all services receive complimentary feedback from patients/carers/public

Domain	Assurance being sought	Ref	Lead Exc	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Effective	That people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	E1	AP	- overall mandatory training levels at or above target level (90%)	- overall mandatory training levels between 85%-89%	- overall mandatory training levels between 80%-84%	- overall mandatory training levels 79% or less
		E2	AP	-appraisal rates are at or above target levels (94%)	- appraisal rates between 88% - 93%	- appraisal rates between 80%-87%	- appraisal rates 79 % or less
		E3	AP	- rolling sickness rates are no higher than the NHS England rate for Community Trusts	-rolling sickness is no higher than 1% above the NHS England rate for Community Trusts	-rolling sickness is no higher than 2% above the NHS England rate for Community Trusts	-rolling sickness is more than 2.1% above the NHS England rate for Community Trusts
		E4	AP	-stability figures at or above target levels	-stability figures within control total but show a decrease for last 6 months	- stability figures below lower control total for both months reported	-stability figures below lower control total for last four months
	Research	E5	DV	95% of all CRN portfolio studies are scoped for viability against Trust services.	75 % of all CRN portfolio studies are scoped for viability against Trust services.	50% of all CRN portfolio studies are scoped for viability against Trust services.	25% of all CRN portfolio studies are scoped for viability against Trust services.

		E6	AP/KH	- All four local equality delivery system objectives are on track for delivery and this is evidenced through robust plan of work	- Majority of local Equality Delivery System objectives on track for delivery and this is evidenced through a robust plan of work	- Local Equality Delivery System objectives in place but no plan in place to ensure that the Trust meets these	-No local Equality Delivery System Objectives in place
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* Quality/continuous improvement work to be developed

Domain	Assurance being sought	Ref	Lead Exec	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Responsive	Are Trust Services responsive to patients' needs?	R1	KH	- recovery plan for waiting times agreed and on track (to be agreed for consultant-led RTT)	- recovery plan for waiting times agreed but behind plan (to be agreed for consultant-led RTT)	- recovery plan for waiting times agreed but not being delivered (to be agreed for consultant-led RTT)	- no recovery plan for waiting times in place (to be agreed for consultant-led RTT)
		R2	KH	That all formal complaints are acknowledged within 3 working days of their receipt into the complaints team.	That 95% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team.	That 90% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team.	That 85% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team.

Domain	Assurance being sought	Ref	Lead Exec	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Well led	Are effective governance processes in place underpinning a sustainable organisation?	WL1	MR	- income and expenditure in line with budget and any variation is not anticipated to have a detrimental impact on year end out turn against plan	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by no more than 1%	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by no more than 2% with no action plan in place	- income less than or expenditure more than budget with an anticipated detrimental impact on year end out turn against plan by more than 2% with no action plan in place for two reporting periods or with an anticipated detrimental impact on year end out turn by more than 5%
		WL2	MR	- CIP in line with plan and any variation is not anticipated to have a detrimental impact in achieving the overall efficiency savings	-CIP under plan by no more than 10 % with action plan in place	-CIP under plan by no more than 10 % with no action plan in place	-CIP under plan by no more than 10 % with no action plan in place for two reporting periods or under plan by more than 10 %
		WL3	MR	-capital spend is in line with budget and any variation will not have a detrimental impact on overall capital plan	- capital plan revised within ceiling and approved by estates committee	- capital plan revised within ceiling but not approved by estates committee	- capital plan exceeded and not approved by regulator
		WL4	MR	- use of resources figure is a 1	- use of resources figure a 2 with plan to be a 1 by next reporting period	- use of resources figure a 2 with no plan to be a 1 by next reporting period	- use of resources figure a 2 for 2 reporting periods or a 3 or 4 for reporting period

		WL5 *to be reported from Q2 onwards	MR	- agency spend controlled within Trust ceiling with no anticipated change throughout the year	- agency spend above ceiling by no more than 5% with plan to achieve overall ceiling by year end	- agency spend above ceiling by no more than 5% with no plan to achieve overall ceiling by year end	- agency spend above ceiling by no more than 5% with no plan to achieve overall ceiling by year end for two reporting periods or agency spend above ceiling by more than 5%
		WL6	AP	- strong evidence of collaborating across the systems in which we operate	- gaps in evidence of collaborating across the systems in which we operate	- gaps in evidence of collaborating for two IGR reporting periods	- breakdown in collaborations involving chair or chief executive for resolution

Positive feedback on digital interactions to be developed as part of the digital front door and linked to the Outstanding Objectives – to be revisited at the end of Q1 (MR)