

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	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Safe	That our patients are protected from abuse and avoidable harm.	S1	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	No never events reported in any service.	Adequate progress on action plans for previously reported Never 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	Evidence of lessons learnt from Serious Incidents	Adequate progress on action plans for previously reported SI.	SI occurred in two or more services and process is behind SI timeframe for investigation	SI occurred in two or more services with no or minimal evidence of action plans being implemented.
		S4	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	No outbreaks of covid19 due to nosocomial transmission in any service	One outbreak of covid19 due to nosocomial transmission within our services	Two or more outbreaks of covid19 due to nosocomial transmission within our services	Multiple outbreaks identified in our services attributed to nosocomial transmission
		S6	staff flu vaccination compliance at or above plan	staff flu vaccination compliance below plan but at same level or improved on last year	Staff flu vaccination compliance below plan and below last year's level with an action plan in place	staff flu vaccination compliance below plan and below last year's level with no action plan in place
		S7	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	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.

		S9	All services and staff have access to at least 1 week's supply of appropriate PPE.	Less than 1 week's supply of any essential element of PPE but mitigation in place	Less than 1 week's supply of any essential element of PPE and no mitigation in place	no stock of 1 or more items of PPE and no mitigation in place
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Domain	Assurance being sought	Ref	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Caring	Do our services involve and treat people with compassion, kindness, dignity and respect?	C1	Friends and Family Test scores are more than 90% with no more than 2% of services below the score.	Trust wide Friends and Family Test scores more than 90% with no more than 5 % of services below this score	Friends and Family Test scores more than 90% across 75% of services with plans in place to improve scores in the 25% below this figure	Friends and Family Test scores more than 90% in less than 75% of services
		C2	Number of complaints and informal Complaints are within the expected variation	Number of complaints and informal complaints above mean but within upper control limit.	Number of complaints and concerns above upper control limit for both months reported.	Number of complaints and concerns above upper control limit for last four months

		C3	95% of all complainants offered local resolution within 4 days.	85% or more of all complainants offered local resolution within 4 days	50% or more of all complainants offered local resolution within 4 days	25% or less of all complainants offered local resolution within 4 days
		C4	Clear evidence of caring and compassionate care is contained within the patient story.	Issues raised in patient story about manner of staff and action plan in place to address issues	Issues raised in patient story about manner of staff and no action plan in place to address issues	Issues raised in patient story at previous Board about manner of staff and no action plan in place to address issues

* Compliments received to be developed for September

Domain	Assurance being sought	Ref	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	- mandatory training and supervision at or above target levels	- mandatory training and supervision at or above target levels across 85% of services and remaining services are no more than 5 % below target	- mandatory training and supervision at or above target levels across 75% of services and no more than 2 services are more than 5 % below target	- mandatory training and supervision is 74% or less of target levels or 3 or more services are more than 5 % below target
		E2	-appraisal rates are at or above target levels	- appraisal rates at or above target levels across 90% of services and remaining services are no more than 5% below target	- appraisal rates at or above target levels across 80 % of services and no more than 2 services are more than 5% below target	- appraisal rates at or above target levels across 79 % of the Trust and 3 or more services are more than 10% below target
		E3	- rolling sickness rates are within average and no higher than the NHS England rate for Community Trusts	-rolling sickness within control total but show an increase for last 6 months	-rolling sickness above upper control total for both months reported	-rolling sickness outside upper control total for last four months
		E4	-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	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.
			- 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

* Outcomes/delivery of commissioned contracts – to be developed for September

* Quality/continuous improvement work to be developed for September

Domain	Assurance being sought	Ref	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Responsive	Are Trust Services responsive to patients' needs?	R1	- all consultant-led services meet 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is up to 1% below the 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is between 1 and 3% below the 18 week referral to treatment target	- the Trust average across all relevant patients in consultant-led services is more than 3% below the 18 week referral to treatment target
		R2	95% or above of all complaints responded to within timeframe and there is evidence of actions being implemented.	90% or above of all complaints responded to within timeframe and there is evidence of actions being implemented.	75% or above of all complaints responded to within timeframe and some evidence of actions being implemented	50% complaint responded to outside timeframe by more than 5 days and no evidence in two reporting periods of actions being implemented
		R3	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 100% on time In month sitrep submissions 100% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 90% on time In month sitrep submissions 90% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines 80% on time In month sitreps submissions 80% on time 	Responsive to C19 requests: <ul style="list-style-type: none"> Implementation of guidance met required deadlines less than 80% on time In month sitreps submissions less than 80% on time

* C19 Restoration plans delivery – to be developed for September

Domain	Assurance being sought	Ref	Substantial Assurance	Reasonable Assurance	Partial Assurance	No Assurance
Well led	Are effective governance processes in place underpinning a sustainable organisation?	WL1	- 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	- The trust processes for identifying and recovering 100% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 75% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 50% of the additional costs relating to COVID-19 are approve by NHSE / I	- The trust processes for identifying and recovering 25% of the additional costs relating to COVID-19 are approve by NHSE / I
		WL3	- 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 5% with action plan in place	-CIP under plan by no more than 5% with no action plan in place	-CIP under plan by no more than 5% with no action plan in place for two reporting periods or under plan by more than 5%
		WL4	-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

		WL5	- 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
		WL6	- 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%
		WL7	- strong governance evidenced of collaborations	- gaps in evidence of governance of collaborations	- gaps in evidence of governance of collaborations for two reporting periods	- breakdown in governance of one or more collaboration involving chair or chief executive for resolution
		WL8	100% of black, Asian and minority ethnic (BAME) offered staff risk assessments. All mitigation over and above the individual risk assessments in place	>90% of black, Asian and minority ethnic (BAME) offered staff risk assessments. Majority of mitigation over and above the individual risk assessments in place	>80% of black, Asian and minority ethnic (BAME) offered staff risk assessments. Some mitigation over and above the individual risk assessments in place	>70% black, Asian and minority ethnic (BAME) offered staff risk assessments. No mitigation over and above the individual risk assessments in place
		WL9	100% of staff with high risk factors to COVID19 are offered staff risk assessments. All mitigation over and above the individual risk	>90% of staff with high risk factors to COVID19 are offered staff risk assessments. Majority of mitigation	>80% of staff with high risk factors to COVID19 are offered staff risk assessments. Some mitigation over	>70% of staff with high risk factors to COVID19 are offered staff risk assessments. No mitigation over and above

			assessments in place.	over and above the individual risk assessments in place	and above the individual risk assessments in place	the individual risk assessments in place
		WL10	Reduced travel mileage spend by 50% against budget	Reduced travel mileage spend by 30% against budget	Reduced travel mileage spend by 20% against budget	Reduced travel mileage spend by 10% against budget

***Positive feedback on digital interactions to be developed for September**