

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	<20% of all datix incidents are overdue and require review/closure	<30% of all datix incidents are overdue and require review/closure	<40% of all datix incidents are overdue and require review/closure	<50% of all datix incidents are overdue and require review/closure
		S2	KH	>90% of all relevant patient safety incidents, statutory duty of candour was completed or there is documented rationale for why it was not appropriate to complete.	For 90-70% of relevant patient safety incidents, statutory duty of candour was completed or there is documented rationale for why it was not appropriate to complete.	For 70-50% relevant patient safety incidents, statutory duty of candour was completed or there is documented rationale for why it was not appropriate to complete.	Under 50% relevant patient safety incidents, statutory duty of candour was completed or there is documented rationale for why it was not appropriate to complete.
		S3	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.

		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	<p>A Staff Flu Vaccination plan is in place which includes mitigations, with a final target percentage set (for end of March 2025)</p> <p>Plan to be commenced by the 1st of October 2024.</p> <p><i>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</i></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 March 2025.	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 March 2025.	No Staff Flu vaccination plan in place, with no mitigations, and the end final target (in %) will not be met by the end of March 2025.

		S6	AP	Freedom To Speak Up mandatory training (Speak Up) has been completed by $\geq 90\%$ of employees.	Freedom To Speak Up mandatory training (Speak Up) has been completed by $\geq 85\%$ of employees.	Freedom To Speak Up mandatory training (Speak Up) has been completed by $\geq 80\%$ of employees.	Freedom To Speak Up mandatory training (Speak Up) has been completed by $< 80\%$ of employees.
		S7	KH/DS	NHS England Safeguarding Accountability & Assurance Framework is fully adhered to and supports the Trust with compliance with all Section 11 (children's services) and Self Assessments (Adult Services)	NHS England Safeguarding Accountability & Assurance Framework reviewed and gaps are identified. Action plan is in place to address gaps.	NHS England Safeguarding Accountability & Assurance Framework reviewed and gaps are identified. Action plan is developed but not in place to address gaps.	NHS England Safeguarding Accountability & Assurance Framework reviewed and gaps are identified. No action plan is in development to address gaps.
		S8	KH	$> 75\%$ of open action plans related to local multi-agency safeguarding reviews are on target for completion.	$\leq 75\%$ - $> 50\%$ of actions related to local multi-agency safeguarding reviews are on target for completion and there is an escalation plan in place.	$\leq 50\%$ - $> 25\%$ of actions related to multi-agency safeguarding reviews are on target for completion and there is an escalation plan in place.	$\leq 25\%$ of actions related to multi-agency safeguarding reviews are on target for completion and there is an escalation plan in place.

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 (at 'good' or 'very good') are at 90% or over, for all services across the organisation.	Friends and Family Test scores (at 'good' or 'very good') are at 90% or above for 90% of our services.	Friends and Family Test scores (at 'good' or 'very good') are at 90% or above for 80% of our services.	Friends and Family Test scores (at 'good' or 'very good') are at 90% or above for less than 80% 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.

Domain	Assurance being sought	Ref	Lead Exec	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	- overall Information Governance mandatory training levels at or above target level (95%)	- overall Information Governance mandatory training levels at between 90% – 95%	- overall Information Governance mandatory training levels at between 85% – 90%	- overall Information Governance mandatory training levels below 85%
		E3	AP	-overall appraisal rates are at or above target levels (92%)	- overall appraisal rates between 88% - 91%	- overall appraisal rates between 80%- 87%	- overall appraisal rates 79 % or less
		E4	AP	- monthly sickness rates are in line or below the NHS England rate for Community Trusts	-monthly sickness is no higher than 1% above the NHS England rate for Community Trusts	-monthly sickness is no higher than 2% above the NHS England rate for Community Trusts	-monthly sickness is above 2% of the NHS England rate for Community Trusts

		E5	AP	-stability figures at or above target level	-stability figures within 5% of target level	- stability figures within 6%-10% of target level	-stability figures more than 10% below target level
		E6	AP/KH	- On target to deliver Equality Delivery System objectives	- On target to deliver the majority of Equality Delivery System objectives	- 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
		E7	KH/DS	Overall compliance with mandated safeguarding children supervision is above target (90%)	Overall mandatory safeguarding children supervision levels between 80%-90%	Overall mandatory safeguarding children supervision levels between 70%-80%	Overall mandatory safeguarding children supervision levels 70% or less

* 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	All of our service areas with waiting lists have an improvement plan that is agreed and being delivered	>60% of our service areas with waiting lists have an improvement plan that is agreed and being delivered	<60% and >40% of our service areas with waiting lists have an improvement plan that is agreed and being delivered	20% or less of our service areas with waiting lists have an improvement plan that is agreed and being delivered
		R2	KH	That all formal complaints are acknowledged within 3 working days of their receipt into the complaints team. <i>The exception will be complainants who express a wish not be contacted within the 3 days</i>	That 95% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team. <i>The exception will be complainants who express a wish not be contacted within the 3 days</i>	That 90% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team. <i>The exception will be complainants who express a wish not be contacted within the 3 days</i>	That 85% of all formal complaints are acknowledged within 3 working days of their receipt into the complaints team. <i>The exception will be complainants who express a wish not be contacted within the 3 days</i>
		R3	RH	That all valid requests for information under the Freedom of Information Act 2000 are provided to applicants within 20 working days of their receipt into the Information Governance team. <i>Unless the timeline has been extended through a valid exemption/exception or the request exceeds the cost limit.</i>	That ≥95% valid requests for information under the Freedom of Information Act 2000 are provided to applicants within 20 working days of their receipt into the Information Governance team. <i>Unless the timeline has been extended through a valid exemption/exception or the request exceeds the cost limit.</i>	That ≥90% valid requests for information under the Freedom of Information Act 2000 are provided to applicants within 20 working days of their receipt into the Information Governance team. <i>Unless the timeline has been extended through a valid exemption/exception or the request exceeds the cost limit.</i>	That <90% valid requests for information under the Freedom of Information Act 2000 are provided to applicants within 20 working days of their receipt into the Information Governance team. <i>Unless the timeline has been extended through a valid exemption/exception or the request exceeds the cost limit.</i>

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		R4	RH	<p>That all valid subject access requests under the Data Protection Act 2018 are provided to applicants within 30 calendar days of their receipt into the Information Governance team.</p> <p><i>Unless the timeline has been extended through a valid reason permitted under the Act.</i></p>	<p>That ≥95% valid subject access requests under the Data Protection Act 2018 are provided to applicants within 30 calendar days of their receipt into the Information Governance team.</p> <p><i>Unless the timeline has been extended through a valid reason permitted under the Act.</i></p>	<p>That ≥90% valid subject access requests under the Data Protection Act 2018 are provided to applicants within 30 calendar days of their receipt into the Information Governance team.</p> <p><i>Unless the timeline has been extended through a valid reason permitted under the Act.</i></p>	<p>That <90% valid subject access requests under the Data Protection Act 2018 are provided to applicants within 30 calendar days of their receipt into the Information Governance team.</p> <p><i>Unless the timeline has been extended through a valid reason permitted under the Act.</i></p>

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Well led	Are effective governance processes in place underpinning a sustainable organisation?	WL1	MR	- financial performance in line with plan budget and any adverse variation can be mitigated in full	- financial performance with an anticipated detrimental impact on year end out turn against plan by no more than 1%, with an action plan in place	- financial performance with an anticipated detrimental impact on year end out turn against plan by no more than 2% with partially mitigated	- financial performance with an anticipated detrimental impact on year end out turn against plan by more than 2% with no mitigation in place
		WL2	MR	- delivery against our overall efficiency targets is in line with plan	- delivery against the efficiency target is under plan by no more than 10 % with action plan in place to mitigate	- delivery against the efficiency target is under plan by no more than 30 % with limited or no action plans in place	- delivery against the efficiency target is under plan by no more than 50 % with no action plan in place
		WL3	MR	- capital spend is in line with allocated funding and any variation will not have a detrimental impact on overall capital plan	- capital spend forecast to be above initial allocation with mitigation in place	- capital spend forecast to be above initial allocation with partial mitigation in place	- capital spend forecast to be above initial allocation with no mitigation in place
		WL4	MR	- agency spend within overall agency ceiling	- agency spend above overall agency ceiling by no more than 10%	- agency spend above overall agency ceiling by no more than 20%	- agency spend above overall agency ceiling by more than 20%