

BOARD ASSURANCE FRAMEWORK

June 2019

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1. Introduction

The Board of the Southern Trust has a responsibility to ensure that safe, high quality care is provided and is underpinned by the public service values of accountability, probity and openness.

The Trust **vision** as articulated in its strapline '**Quality Care – for you, with you**', encompasses the Trust's core commitment to deliver safe, high quality care that is co-produced and co-designed in partnership with service users and staff who deliver services. The Trust's **objectives** reflect the priorities for the delivery of health and social care services to its local population to achieve this vision. The Corporate Plan 2017/18 – 2020/21 'Improving Together' outlines the Trust's objectives as follows:-



Source (Southern Trust Corporate Plan 2017/18-2020/21)

The Trust Board is responsible for ensuring it has effective governance systems in place to enable the achievement of the organisational objectives. Achieving these objectives and delivering safe, quality care and services which are accessible and responsive to patients and carers will remain the Trust's central focus.

An Integrated Governance Framework is in place which sets out the arrangements for integrated governance within the Southern Health and Social Care Trust for the four year period 2017/18 – 2020/21. This framework describes the high level integrated governance, risk management, performance management and financial control arrangements in place by which the Board will be assured that there is a comprehensive system for continuous quality improvement, controls assurance, risk management, clinical and social care governance; that objectives are being met and services are safe and of a high quality. The Trust's high level governance structure is outlined in **Appendix 1**.

2. Purpose

The purpose and design of the Board's Assurance Framework is to ensure that the Board can be effective in driving the delivery of the corporate objectives and that they are receiving sufficient and timely assurance information on the management of risks to deliver on these objectives.

3. Aim

The aim of this document is to provide a structured means of:-

- **identifying and mapping the main sources of assurance in the Trust and co-ordinating them to best effect.**
- effective and focused **management of the principal risks** to achieving the Trust's objectives.
- enabling the Board to **assure** itself that all significant risks are being managed effectively and appropriate **controls are in place and are effective.**
- **providing reliable evidence** to underpin the assessment of the internal control and risk management environment to inform the Annual Governance Statement

4. Organisational Context

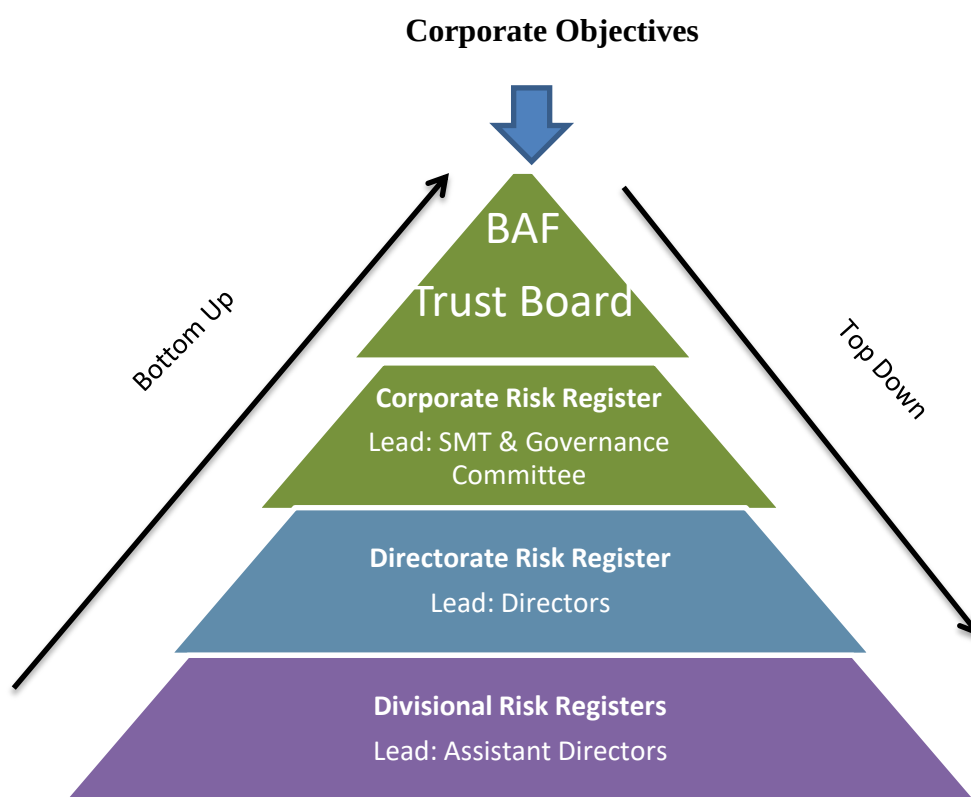
The strategic objectives, approved by the Trust Board in May 2017, form the basis of the Board Assurance Framework. Delivery of corporate objectives and action plans remain subject to the impact of the following three key organisational challenges highlighted in the Corporate Plan:-

- Demographic growth
- Financial Constraints
- Workforce pressures

The Board Assurance Framework is an integral part of the governance arrangements for the Southern Trust and is underpinned by the **Risk Management Strategy**, the **Corporate Risk Register** and the **Controls Assurance** process and should be read in conjunction with the **Corporate Plan 2017/18 – 2020/21** and the **Integrated Governance Framework**.

5. Overview and Content of the Board Assurance Framework

To properly fulfil its responsibilities, the Trust Board must have a full grasp of the principal risks facing the organisation. Handling and managing risk is a combined 'top down' and 'bottom up' approach.



Assurance and Risk Assessment Pyramid

The **Board Assurance Framework** and the **Corporate Risk Register** contain many similarities, both report risk. Where necessary, there is cross-over from the Corporate Risk Register to the Board Assurance Framework and vice-versa.

The **Board Assurance Framework** works 'top down' from the Trust's strategic objectives determining proactively, the high level risks and what controls and assurance processes are in place. As part of the process, the Trust Board is committed to discussing and making the connections between the corporate objectives, the high level risks that could affect achievement of those objectives and the range and effectiveness of existing assurance reporting. The Trust Board own the Board Assurance Framework and review it on a six-monthly basis.

All risks are graded in accordance with the regional risk matrix and entered on the appropriate risk register. The **Corporate Risk Register** works 'bottom up' and the Senior Management Team act as the filter for risk issues from Directorate Risk Registers for entry onto the Corporate Risk Register. Based on the knowledge of risks identified, the SMT will determine the level of assurance that should be available to them with regard to those risks. The SMT review the Corporate Risk Register on a monthly basis.

To ensure focused and effective management of risks, the Governance Committee, on behalf of the Trust Board, review the Corporate Risk Register on a quarterly basis. A high level summary of the Corporate Risk Register is provided in **Appendix 2**.

What is meant by Assurance?

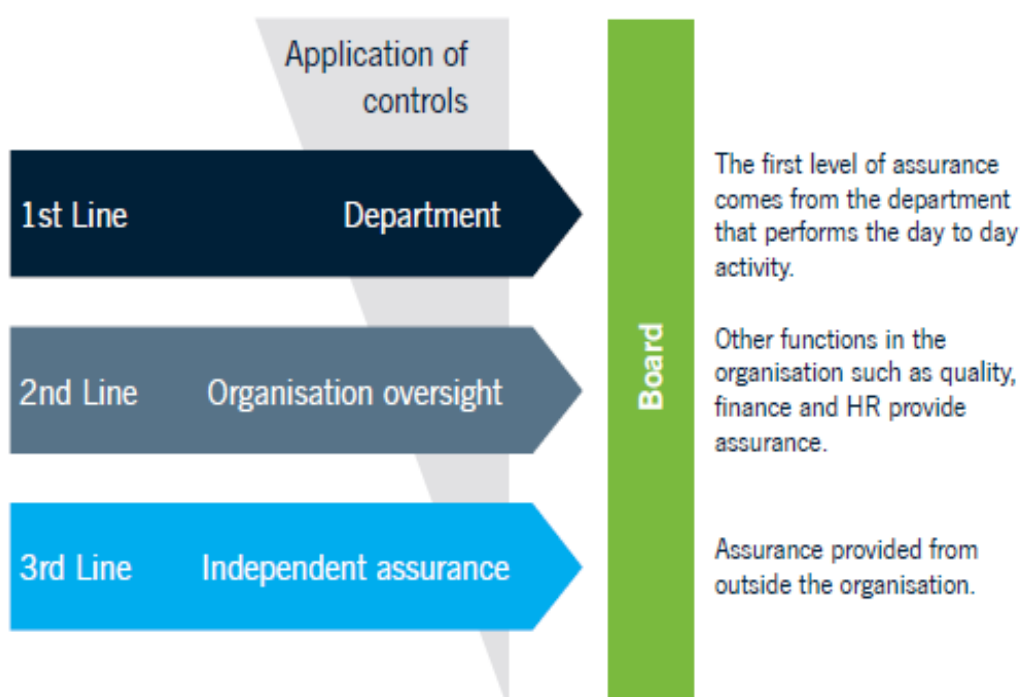
An objective examination of evidence for the purpose of providing an independent assessment on governance, risk management and control processes for the organisation.

Source (HM Treasury Guide on Assurance Frameworks 2012)

Trust Board receives assurances through a range of internal control frameworks including:

- reports from sub Committees to the Board;
- risk management process;
- monitoring of the Corporate Plan;
- Controls Assurance process;
- performance management framework;
- audit;
- mid year and annual governance statements etc.
- Executive Director governance frameworks

In addition, the Trust Board ensures objective assurance is also provided from independent reviewers including RQIA, Departmental reviews, Internal and External Audit. These assurances that the Board receives are broken down into the three lines of defence model in line with best practice as illustrated below:-



This June 2019 Board Assurance framework presents:

- the principal risks facing the Trust
- the key controls and processes relied on to manage risks
- the key sources of assurance
- where gaps in controls or assurance exist, what improvement actions are being taken to close the gaps.

6. Assessment

The Board Assurance Framework requires the Board to consider the effectiveness of each control through the process of obtaining assurances that the system/process is in place and is operating effectively.

A RAG rating on the effectiveness of controls from assurance work undertaken has been applied using the key below:-

GREEN:	High:	Controls in place assessed as adequate/effective and in proportion to the risks
AMBER:	Medium:	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
RED:	Low:	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks

TRUST OBJECTIVES 1 & 4 PROMOTING SAFE, HIGH QUALITY CARE & BEING A GREAT PLACE TO WORK – SUPPORTING, DEVELOPING AND VALUING OUR STAFF

Lead Directors: Director of Human Resources and Organisational Development; Medical Director; Executive Director of Social Work; Interim Executive Director of Nursing and AHPs			Assurances <i>Where we can gain evidence that our controls/ systems, on which we are placing reliance, are effective and that we are reasonably managing our risks and objectives are being delivered)</i>			Assessment			
Risk (What could prevent this objective being achieved)	Risk Level	Key Controls (What systems/processes are in place to assist in delivery of objective)	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See key)	Current gaps in controls/ assurance	Improvement actions	Due date for Improvement actions
1. Achieving optimum workforce capacity and capability to meet demand.	Link to Risks 3, & 4 on Corporate Risk Register - High Risk	Bespoke recruitment campaigns for job groups and services International recruitment - Medical and Nursing Medical Engagement across both acute sites and regionally as required e.g. DHH Pathfinder Project and Regional Reform Programme Attraction and Retention Workstreams under Nursing & Midwifery Workforce Strategy led by Steering Group. Mandatory and profession specific training programmes in place. Sickness absence monitoring systems in place between HR and Directorates. Directors' Oversight Group in Mental Health Division. Directors' Oversight Group in Children and Young People's Services for Family Intervention Team	Resourcing reports – internal / BSO Workforce data reports – Staff in Post, Turnover, flexible workforce etc. HR recruitment information KPIs Vacancy reports Management information reports on locum expenditure by speciality highlighting areas of increased spend and long term locum usage. Directorate specific mandatory training records are produced for Directors quarterly.	Quarterly HROD report to Trust Board provides an update on resourcing pressures across medical and non-medical workforce Executive Director of Nursing report to Trust Board (quarterly) Trust Board performance report with accompanying narrative Audit of compliance with normative staffing Mandatory training reports on compliance levels to SMT and Trust Board annually. Reporting of sickness absence levels to Trust Board.	TIG process for medical recruitment DoH Regional Workforce Review Regional Workforce Strategy	Medium	Gaps in medical training rotas Inconsistent approach to medical staffing issues / rates regionally between Trusts. Gap in assurance that existing nursing workforce is fully optimised using e-roster system to full capacity. Increasing off contract agency expenditure Pressure on MAPA training programme and Moving & Handling	A paper is being prepared to highlight the Trust's position regarding trainees compared with other Trusts to enable engagement with DOH. Workstreams commencing in Feb 2019 focusing on optimisation, recruitment and retention of nursing workforce Regional workstream ongoing to achieve agency framework compliance during 19/20 for nursing staff. Internal working groups with managers are being set up to improve utilisation of training places.	June 2019 Ongoing for duration of 2 year action plan June to October 2019 June 2019 onwards

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2. Low levels of staff engagement and morale due to workforce capacity / demand pressures	Link to Risks 3 & 4 on Corporate Risk Register – High Risk	Health and Wellbeing Strategy and Steering Group Appointment of Deputy Director for Workforce & Organisational Development Appointment of Clinical Psychologist for staff support and wellbeing Occupational Health Service Ongoing recognition of staff and teams People management policies, systems, processes & training Raising Concerns Policy Management of organisational change policies & procedures	Staff Health & Wellbeing supporting roll out of staff Health and Wellbeing Action Plan across teams Management information reports re turnover, sickness etc. JNCF and local JOF arrangements between management and TUs.	Action Plan from Health and Wellbeing Steering Group/Minutes of meetings Performance Report to Trust Board (Health and Wellbeing targets) Workforce KPIs and compliance reported to Trust Board monthly Recognition at corporate level – staff e-brief, Trust Board members leadership walks Excellence Awards event each year Raising concerns report to Governance Committee HR Report to Trust Board	Staff Survey and staff engagement score Internal Audit Staff Experience Survey NED lead for Raising Concerns	Medium	Workforce and Organisational Development Strategy is required	Development of a Workforce & Organisational Development Strategy and monitoring against action plan at Trust Board Development of Workforce Committee to drive delivery of actions Greater focus mental and emotional wellbeing to support Trust staff led by new Clinical Psychologist. 2 additional workstreams being established under H&WB steering group – Better Employee Experience & Better Psychological Health Action planning from Staff Survey Results – June / July 2019 onwards	December 2019 January 2020 June 2019 onwards July 2019 onwards

CORPORATE OBJECTIVE(S) 1 & 4: PROMOTING SAFE, HIGH QUALITY CARE & MAKING BEST USE OF RESOURCES

Lead Director: Director of Performance & Reform and Operational Directors			Assurances <i>Where we can gain evidence that our controls/ systems are effective</i>			Assessment			
Risk	Risk Level	Key Controls <i>(What systems/processes are in place to assist in delivery of objective)</i>	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See key)	Current gaps in controls/ assurance	Improvement actions	Due date for Improvement actions
3. If the demand for services continues to outstrip capacity, there is a risk to the Trust's ability to provide safe, high quality care	Link to Workforce and financial risks as follows: CRR Risk No.3, 4 & – High Risk CRR Risk No.9 – Medium risk	Corporate Plan Trust Delivery Plan Service and Budget Agreement (SABA) with Commissioner HSC Performance Management Framework (Draft) Trust Performance Management Framework & Accountability arrangements including the following: - CX/Directorate senior teams - Director /AD Directorate Performance Management meeting - AD/Head of Service oversight Corporate support to Directorates - via nominated HR/Finance/ P&R business support	Directorate Management Action/Work Plans Divisional and Directorate Risk Registers	SMT Performance, workforce and finance - progress updates Trust Delivery Plan to Trust Board Finance Report to Trust Board Performance Report to Trust Board Workforce Report to Trust Board	HSCB/Trust Performance Management meetings External Audit-Report to those Charged with Governance RQIA Reports/Audits	Low	Data evidencing growth in demand Unscheduled Care & elective waiting lists Regional workforce review reports that demonstrate capacity challenges in key specialties in SHSCT Impact and ability to maintain / sustain service in context of non-recurrent solutions for recurrent challenges (workforce and finance)	SMT review demography/ future funding sources and prioritise and/or stand down as appropriate. Regional transformation programme for elective - potential local impact Regional transformation programme of urgent/ emergency care - potential local impact	Ongoing

CORPORATE OBJECTIVE(S) 1 & 2: PROMOTING SAFE, HIGH QUALITY CARE & SUPPORTING PEOPLE TO LIVE LONG, HEALTHY ACTIVE LIVES

Lead Director: All			Assurances <i>Where we can gain evidence that our controls/ systems are effective</i>			Assessment			
Risk <i>(What could prevent this objective being achieved)</i>	Risk Level	Key Controls <i>(What systems/processes are in place to assist in delivery of objective)</i>	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See Key)	Current gaps in controls/ assurance	Improvement actions	Due date for improvement actions
4. If there is not sufficient focus on early intervention and prevention (upstream activities), it will result in funding and workforce being incorrectly aligned to the HSC purpose of supporting people to live long, healthy active lives	Not on CRR	Trust Involvement and Leadership in a range of partnerships that promote health and social wellbeing, including Community Planning across 3 local Councils Cross-Directorate Community Planning and Making Life Better Steering Group 3 locality Community Planning/Making Life Better in-house operational groups PfG – focus on Supporting People to live long, healthy and active lives 'Making Life Better' – regional framework for Public Health. Trust is an active partner at regional level	Promoting Wellbeing support the development and effectiveness of local multi-agency partnerships in achieving outcomes for health and social wellbeing Programme/service specific monitoring and evaluation measures are applied to inform future planning	Performance Report to Trust Board (Health and Wellbeing targets) SMT oversight of embedding principles of 'Making Life Better' and Community Planning Patient and Client Experience Committee provides oversight of the PPI and Co-production/ partnership working impacts	Reporting framework to Health & Social Care Board and Public Health Agency External funding reporting to range of funding bodies e.g. CAWT Reporting framework to DfC for impact of Community Planning partnerships	Medium	Corporate Strategy is required	Development of a Trust Corporate Strategy with a Wellbeing focus Further development and implementation of Health and Wellbeing thematic plans within local Community Planning structures Review level and focus of investment into Community/ Voluntary sector to enhance a mixed economy approach to health and social wellbeing	September 2020 March 2020 March 2020

CORPORATE OBJECTIVE 3: IMPROVING OUR SERVICES

Lead Director: Medical Director supported by Operational Directors			Assurances Where we can gain evidence that our controls/ systems are effective			Assessment			
Risk (What could prevent this objective being achieved)	Risk Level	Key Controls (What systems/processes are in place to assist in delivery of objective)	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See key)	Current gaps in controls/ assurance	Improvement actions	Due date for improvement actions
5. If the Trust does not promote positive risk taking and the appetite to pursue innovation and challenge working practices, this in turn will impact on the ability to improve and develop our services	Not on CRR	Risk Management Strategy	Divisional and Directorate Risk Registers	Corporate Risk Register reviewed by SMT monthly and Governance Committee on a quarterly basis including a deep dive into individual risks	Corporate Risk Register shared with DoH as part of Accountability process Internal Audit on Risk Management (annually)	Medium	Gap in knowledge in terms of Risk Appetite/ level of risk that the Trust is prepared to accept seek and tolerate	Review of Risk Management Strategy including Risk Appetite and associated operational delivery plan	September 2019
		Controls Assurance process	Annual self-assessment of compliance (including risk management) and associated action plans	Controls Assurance Group with reporting to SMT, Governance and Audit Committees	Reporting on some standards to DoH Policy Leads		Training programme is required	Training has been developed and will be rolled out across the Trust	September 2019
		- Organisational learning - Delegation Frameworks for Nursing and Social Work/Social Care	Reports of risk, adverse outcomes and performance against standards	Directorate Governance Fora Hot Governance Debrief to SMT Lesson Learned Forum Governance Committee				Further develop reporting systems - Governance Assurance Strategy and QI system aligned to Patient Safety Strategy	Ongoing

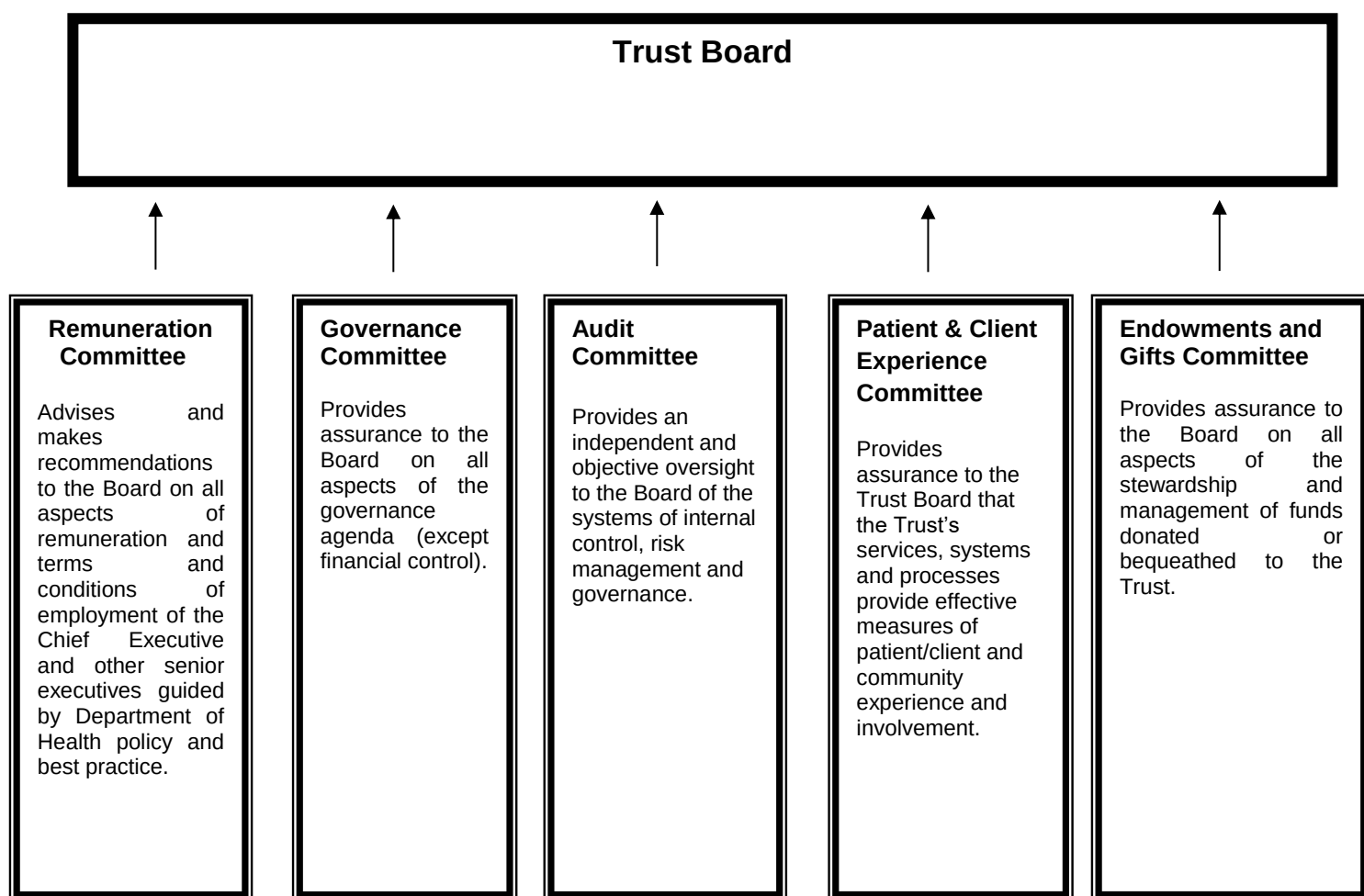
CORPORATE OBJECTIVE(S) 1& 4: PROMOTING SAFE, HIGH QUALITY CARE MAKING THE BEST USE OF OUR RESOURCES

Lead Director: Director of Finance, Procurement and Estates			Assurances <i>Where we can gain evidence that our controls/ systems, on which we are placing reliance, are effective and that we are reasonably managing our risks and objectives are being delivered)</i>			Assessment			
Risk <i>(What could prevent this objective being achieved)</i>	Risk Level	Key Controls <i>((What systems/processes are in place to assist in delivery of objective)</i>	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See key)	Current gaps in controls/ assurance	Improvement actions	Due date for improvement actions
6. Inability to secure a sustainable service due to over reliance on non-recurrent funding, which in turn drives an inefficient use of all resources not just monetary and promotes short term planning.	Link to Risk Nos. 3&4 on Corporate Risk Register - High risk and No. 9 Medium risk	Continual update of the Trust's recurrent deficit and reporting of same to HSCB/ Department of Health Monthly meetings with HSCB re funding and quarterly meetings with DoH specifically in relation to securing a stable funding base. Ongoing work in relation to reducing the capitation gap	Early financial planning cycle, with pre-budget planning paper, post budget and then final plan Monthly detailed expenditure and budget reports at head of service level, electronic and linked to all new allocations and details of flexible spend. Detailed variance analysis prepared with budgetholders required to confirm what remedial action is being taken as required. Summarised financial performance by Directorate with emerging pressures and themes detailed Detailed monitoring of all specific non-recurrent allocations eg ECR, Transformation Requests for investment are subjected to the business case process and must be presented at Investment Committee	Trust Delivery Plan to Trust Board Finance Report to Trust Board Annual Financial Plan to Trust Board Reported monthly to SMT Reported monthly to SMT Outcome of Investment Committee reported to SMT	External Audit Reported to HSCB and DoH Annual costing returns, specialty costs and HRGs to DoH and HSCB	Medium		Work has commenced on planning for 2019/20 and regular meetings have taken place with both HSCB and DoH. Mid-year "hard close" from a financial management perspective	On-going October 2019

CORPORATE OBJECTIVES 1&3 : PROMOTING SAFE, HIGH QUALITY CARE & IMPROVING OUR SERVICES

Lead Director: Director of Finance, Procurement and Estates and Director of Performance and Reform			Assurances <i>Where we can gain evidence that our controls/ systems are effective</i>			Assessment			
Risk <i>(What could prevent this objective being achieved)</i>	Risk Level	Key Controls <i>(What systems/processes are in place to assist in delivery of objective)</i>	Operational Management (First Line)	Corporate Oversight (Second Line)	Independent Assurance (Third Line)	Control RAG rating (See key)	Current gaps in controls/ assurance	Improvement actions	Due date for improvement actions
7. Insufficient capital to i) maintain and ii) develop Trust physical infrastructure (Estate/ facilities, Fleet, equipment, ICT etc) to effectively support service delivery and improvement	Link to Risk Nos. 6&7 on Corporate Risk Register – High Risk Risk No. 9 – Medium Risk	Annual Capital Plan 10 Year Capital Priorities Capital Resource Limit management process Strategic development plans Fleet Replacement programme ICT Business Plan Minor Works process in place Property and Asset Management Plan	Capital Monitoring group with key budgetholders	Strategic Investment Group 10 Year Capital Priorities as agreed by SMT Capital Allocation Group Estates Services Annual Report to Trust Board Department of Health Condition of the Estate Review/ Report Independent auditing of critical systems (High Voltage, Water Safety, Ventilation etc.)	Internal Audit RQIA Hygiene Inspection Reports CoPD	Medium	Insufficient funding to address backlog maintenance works as identified in Capital Works list	Plans to improve Equipment Management function Development of Annual Capital Plans via Capital Allocation Group Ongoing submission to DoH to influence 10 Year Capital Strategy	March 2020 June each year

High Level Governance Structure



As outlined above, assurance is provided through the Committee structure to Trust Board. The Senior Management Team is represented on each Committee and provides information to support decision-making and effective operation of the Trust at all levels.

Within the governance structure, there are sub-committees and groups; each with delegated responsibility. The reporting and accountability mechanisms are described in the Integrated Governance Framework.

APPENDIX 2 - SUMMARY OF CORPORATE RISKS AS AT JUNE 2019

Risk No.	Risk Area/Description	Corporate Objective	Risk Rating
1	BSO Shared Services: • Payroll/Travel • Recruitment • Lack of Data Processing contract	1&4	MEDIUM
2	Cyber Security	1	HIGH
3	Medical Workforce shortages and vacancies	1 & 5	HIGH
4	Registered Nursing Workforce Shortages	1 & 5	HIGH
5	HCAI	1	HIGH
6	Deterioration of exposed concrete on building exterior, Daisy Hill Hospital	1	HIGH
7	Loss of electrical power to main hospital block, Craigavon Area Hospital	1	HIGH
8	Compliance with procurement and contract management guidance	1&4	MEDIUM
9	Breach of statutory duty of break-even in year Destabilisation of services due to the inability to secure recurrent funding and over reliance on non-recurrent support	4	MEDIUM
10	Clinical risk associated with inability to manage patient care within clinically indicated timescales	1	HIGH