Belfast Health and Social Care Trust

BOARD ASSURANCE FRAMEWORK

2007/08

1. Introduction

The Board of Directors of the Belfast HSC Trust (The Board) has a responsibility to provide high quality care, which is safe for patients, clients, young people, visitors and staff and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance framework is an integral part of the governance arrangements for the Belfast HSC Trust and should be read in conjunction with the Corporate Plan.

The Assurance Framework and Corporate Risk Register describes the organisational objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This framework should provide the Board with confidence that the systems, policies, and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

The Directors of the Belfast HSC Trust have:

- Defined Corporate objectives [1]
- Identified principal risks that may threaten the achievement of those objectives;
- Controls in place to manage these risks, underpinned by core controls assurance standards;
- Explicit arrangements for obtaining assurance on the effectiveness of existing controls across all areas;

[1] Belfast Health and Social Care Trust – Corporate Plan 2007/08

On an ongoing basis the Board will:

- Assess the assurances given;
- Identify where there are gaps in controls and/or assurances;
- Take corrective action where gaps have been identified; and
- Maintain dynamic risk management arrangements including, crucially, a regularly reviewed risk register.

2. Strategic Context

In order to produce the outcomes for which the Department of Health, Social Services and Public Safety (the Department) is ultimately responsible, a strong partnership is required between the Department and those HPSS organisations which commission and deliver the services that lead to those outcomes. The objectives of both partners are therefore inextricably linked.

The Minister's annual ***Priorities for Action*** (PfA)[2] reflect the *Priorities and Budget* focus on reform and modernisation of services within the context of the resources available to the Department, as well as the attainment of efficiency targets, and together they form an action plan for the HPSS.

The Trust Delivery Plan (TDP) describes how the Belfast Trust plans to use its resources to deliver health and social care services to patients, clients, children and young people, carers and families, and presents the Trust's proposals for addressing the reform and modernisation agenda and for meeting the efficiency programme targets.

3. Objective Setting

The Trust's Corporate Plan sets out the vision and purpose, core values and long term corporate objectives that will shape the strategic direction and priorities for the Trust over the next 3 – 5 years.

The Trust has five long term corporate objectives. These are:

- To provide safe, high quality and effective care
- To modernize and reform our services
- To improve health and wellbeing through engagement with our users, communities and partners
- To show leadership and excellence through organisational and workforce development
- To make the best use of our resources to improve performance and productivity.

The Corporate Plan and the Trust Delivery Plan set out annual targets to progressively deliver these corporate objectives.

[2] http://www.dhsspsni.gov.uk/prior_action/index.asp

The Trust Delivery Plan is developed annually as a response to the Department's Priority for Action targets and the commissioning plans of Health and Social Services Boards as expressed in their annual Health and Wellbeing Improvement Plans.

While the Corporate Plan incorporates these Departmental/ commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets under each corporate objective.

The Corporate Objectives and associated annual targets (regional and local) are cascaded throughout the Trust by:

- Service Group Annual Performance Plans
- Service/Team annual plans
- Individual objectives

This process forms an integral part of the Trust's Performance Management and Assurance Framework.

4. What assurance means

The Board can properly fulfil their responsibilities when they have a full grasp of the principal risks facing the organisation. Based on the knowledge of risks identified, the Directors will determine the level of assurance that should be available to them with regard to those risks. There are many individuals, functions and processes, within and outside an organisation, that produce assurances. These range from statutory duties (such as those under health and safety legislation) to regulatory inspections that may or may not be HPSS-specific, to voluntary accreditation schemes and to management and other employee assurances. Taking stock of all such activities and their relationship (if any) to key risks is a substantial but necessary task.

The Board is committed to debating and making the connections between the corporate objectives, risks and the range and effectiveness of existing assurance reporting. This will require some consideration of the principle of **reasonable** rather than **absolute** assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

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5.1 Accountability to Minister and the DHSSPS

Health and Well Being Investment Plans and Trust Delivery Plans are the main vehicles for conveying where and by what means PfA targets, efficiency savings and service improvements will be delivered. The processes to monitor delivery of these form an integral part of the Department's monitoring and accountability arrangements and throughout the year 2007 – 08 some of these arrangements are likely to change as the Health and Social Care Authority takes on its performance monitoring responsibilities. The Belfast HSC Trust is ultimately accountable to the Minister for Health for the delivery of health and social services to the people of Northern Ireland and for good governance arrangements. Accountability mechanisms include formal reporting against the achievement of service priorities and on financial performance.

5.2 Accountability between HSS Boards and Trusts

Health and Social Services Boards and Health and Social Care Trusts are accountable to the public for the services that they commission and provide.

The basis for HPSS accountability is the Health and Personal Social Services (Northern Ireland) Order 1972[3] (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department the duty to:

- provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness;

- provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and

- secure the efficient coordination of health and personal social services.

Under Article 16 of the 1972 HPSS Order, the HSS Boards were established for the purpose of administering and providing health and personal social services within their respective areas. This broad remit changed in the early 1990s when

[3] S.I.1972/1265 (N.I.14)

the HPSS (NI) Order 1991[4] (augmented by the HPSS (NI) Order 1994[5]) led to the creation of HSS Trusts. The distinction drawn then between the HSS Boards' planning and commissioning of services for their resident populations, and the Trusts' provision of those services, remains to this day, and their accountability relationship rests on it.

Regarded from the accountability perspective, there are two broad categories of HPSS activity:

- Category one: those services identified as being needed and commissioned by HSS Boards from Trusts and also issues which are statutory obligations of Trusts. These comprise the full range of HPSS's business and relate to the provision of health and social services, the volume and quality of which are detailed in Service and Budget Agreements between the commissioners and the providers. They include delegated statutory functions.

- Category two: certain duties to be performed by HPSS organisations by virtue of their being public bodies. Such duties cover, for example, financial control (including value for money, regularity and probity), control of capital assets, human resources and corporate governance.

In accountability terms, there are differences between the two categories. In category one, Trusts are, initially answerable to the commissioning HSS Board(s), via their Service and Budget Agreements, for the quantity, quality and efficiency of services. This relationship has been strengthened by the introduction of the statutory duty for the quality of services commissioned for, and provided to, the population which applies to both HSS Boards and Trusts[6]. In this category, therefore, Trusts are responsible to HSS Boards for the delivery of services to the quantity, cost and quality specified in Service and Budget Agreements. (There may also be a shared responsibility between HSS Board and Trust to the Department, as in the achievement of Priorities for Action targets.)

Within this category, however, there exists a sub-set of services where a heightened degree of accountability between a Trust and HSS Board obtains. This originates in the 1994 Order, where certain functions – specified as "relevant functions" are the immediate responsibility of HSS Boards; the Trusts duly submit for approval by the relevant HSS Board and by the Department, 'schemes' setting out how they intended to discharge the functions or services in question. With the exception of those discharged under the Mental Health (NI) Order

[4] S.I. 1991/194 (N.I. 1)
[5] S.I. 1994/429 (N.I. 2)
[6] Paragraph 5 of HSS(PPM) 10/2002

1986[7], the functions in question are drawn from what are generally regarded as personal social services (including children and adoption services).

In accountability terms this means that, where a Trust scheme for a relevant function is in operation, the delegating HSS Board should monitor its operation. The Board must check that the Trust is complying with the terms of the scheme and hold the Trust to account for how it discharges that function. As a separate legal entity, accountable for the discharge of relevant statutory functions, the Trust will create sound organisational arrangements to discharge such functions effectively. The discharge by the Trust of its powers and duties under the legislation will involve: interventions in matters of personal liberty; the protection of vulnerable people; the provision of vital services; and the exercise of regulatory functions. The Trust will develop systems that are robust and capable of balancing appropriately the complex issues of protection and care.

In category two (financial control, governance, and for overall organisational performance etc) each HPSS organisation is accountable directly to the Department. HSS Boards may reasonably expect that Trusts, in responding to their commissioning requirements, will be complying with the Departmental directions etc on governance or financial control.

6. The Assurance Framework

This assurance framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources.

The most objective assurances are those derived from independent reviewers – which will include the Regulation and Quality Improvement Authority, Departmental special enquiries or reviews and Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

It is important that as information is collated and evaluated across the Trust that this is done in a consistent and efficient way, is proportionate and minimizes duplication of work by different reviewers.

This framework provides a structure for acquiring and examining the evidence to support the Statement of Internal Control.

[7] S.I. 1986/595 (N.I .4)

Risk Management

The Belfast Trust will develop a risk management strategy that will be underpinned by its policy on risk (see Appendix A) and explain its approach to acceptable risk.

The Belfast Trust will adopt an open and learning culture that encourages continual quality improvement, but with openness when things go wrong. Processes for managing and learning from adverse incidents, complaints and litigation will be introduced as an immediate priority.
Controls assurance will remain a key process for the Belfast Trust.

The Belfast Trust will identify key Directors to be accountable for action planning against each standard. The results will be used to inform the Trust's corporate risk register and will be mainstreamed with other aspects of the Trust's Delivery Plan through the Assurance Framework.

Organisational Arrangements

Proposed organizational arrangements for governance and assurance are set out in Appendix B. An important element of the Trust's arrangements is the need for robust governance within service groups. This will be tested through the accountability review process. There are a number of internal and external mechanisms that will support this.

The **Board of Directors** is responsible for:

- Establishing the organisation's strategic direction and aims in conjunction with the Executive Management Team
- Ensuring accountability to the public for the organisation's performance
- Assuring that the organisation is managed with probity and integrity.

The membership of the Board of the Trust is defined in the Establishment Order to include the Directors of Social Work, Medicine, Nursing and Finance.

The Audit Committee

The Audit Committee (a standing committee of the Board of Directors) is comprised of non-executive directors. Its role is to assist the Board in ensuring an effective control system is in operation. This includes the effectiveness of internal financial controls, identifying financial risks, the review of internal and external audit functions and addressing the financial aspects of governance in the Belfast Trust.

The Assurance Committee

The Assurance Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors only. Its role is to assist the Board of Directors in ensuring an effective assurance framework is in operation for all aspects of the Trusts undertakings, other that finance. The Assurance Committee is also responsible for the identification of principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Executive Team

The Executive Team is responsible for ensuring that the sequence of performance reports, audits and independent reports, required by the Board of Directors as part of the performance management and assurance processes, is available.

The Executive Team will ensure that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process. Executive Team will prepare and regularly update a corporate risk register, which will inform the management planning, service development and accountability review process.

The Assurance Group

The purpose of the Assurance Group is to co-ordinate the work of the assurance/scrutiny committees and service groups assurance quality and safety committees. The Assurance Group will be responsible on behalf of the Executive Team for developing and maintaining the assurance framework, including the corporate risk register. It will be responsible for maintaining a programme of self-assessment and independent audit/verification against required standards other than finance.

The Scrutiny, Professional & Advisory Committees

These committees report through the Assurance Group to Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice. They will also provide expert advice, supporting best practice within Service Groups.

7. Accountabilities and Responsibilities for Assurance in the Belfast Health and Social Care Trust

The following section outlines the roles and responsibilities of the Trust Board, Non-Executive Directors, Chief Executive, Directors and Operational Governance leads in respect of Governance. Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities. Good governance means promoting values for the whole organisation and demonstrating the value of good governance through behaviour; taking informed and transparent decisions, and managing risk; developing the capacity and capability of the Board of Directors to be effective and engage in stakeholders and making accountability real.

The role of the Board

The role of the Board is defined as collective responsibility for adding value to the organisation by directing and supervising the Trusts affairs. It provides active leadership of the organisation within a framework of prudent and effective controls, which enable risks to be assessed and managed. It sets the Trusts strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance. By setting the Trusts values and standards the Board ensures that the Trust's obligations to patients, the community and staff are understood and met.

The role of the Chairman

The role of the Chairman and the Chief Executive is to lead the Board and the Assurance Committee in ensuring it's effectiveness on all aspects of its role and agenda setting. He will ensure the provision of accurate and timely information to Board members and effective communication with staff, patients and the public.

The role of the Non-Executive Directors

Non-executive directors will assure themselves and the Trust Board that the Assurance Committee and its related committees are addressing key governance issues within the organisation. Their responsibilities include strategy, by constructively challenging and contributing to the development of strategy; performance, through scrutiny of the performance of management in meeting agreed goals and objectives; risk, by satisfying themselves that financial and other information is accurate and that financial controls and systems of risk management are robust and defensible. Non Executive Directors are responsible for ensuring the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the Trust.

The role of the Chief Executive

The Chief Executive through his leadership creates the vision for the Board and the Trust to modernise and improve services. He is responsible for the Statutory Duty of Quality. He is responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. His responsibilities include leadership, delivery, performance management, governance and accountability to the Board to meet their objectives and to the Department of Health and Social Services and Public Safety as Accountable Officer.

As Accountable Officer, the Chief Executive has responsibility for ensuring that the Trust meets all of its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility encompasses the elements of financial control, organisational control, clinical and social care governance, Health and Safety and risk management.

The role of the Executive Team

The Executive Team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility. Collectively the Executive Team is responsible for providing the systems, processes and evidence of governance. The Executive Team are responsible for ensuring that the Board, as a whole, are kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

Role of the Chief Operating Officer/Deputy Chief Executive

The Chief Operating officer is accountable to the Chief Executive for ensuring that the Trust operates sound systems of operational performance, working in conjunction with the Director of Finance.

The Chief Operating Officer has a lead role in ensuring organisational progress against the Trust objectives and Management Plan.

As part of the Trust's performance framework the Corporate and Service Group Directors, together with the Chief Operating Officer, are accountable for the Trust Management Plan and individual Service Group Directorate's plans based on the, Quality, Patient and Client Safety objectives and standards, financial objectives and targets agreed by the Board. The Chief Operating Officer maintains the review/monitoring process. The outcome of the review/monitoring process will contribute to the Board's Performance and Assurance Framework.

The Medical Director – Lead Director responsible for Integrated Governance and Risk Management and Involving Clinical Governance

The Medical Director is accountable to the Chief Executive for the strategic development of the integrated governance arrangements, including risk management excluding finance. This responsibility is shared with the Director of Nursing, Director of Social Work and Director of Finance.

He ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet it's statutory and legal responsibilities relating to his area of accountability and that these are based on good practice and guidance from the Department and other external advisory bodies.

The Medical Director ensures the Trust Board receives the relevant information/annual reports required in the Boards information schedule. He will ensure that the Chief Executive and the Trust Board are kept appraised of progress and any changes in requirements, drawing to their attention gaps which may impact adversely on the Boards ability to fulfil it's governance responsibilities. As part of the Trust's performance and assurance process, the Chief Operating Officer and Medical Director oversee the review and monitoring process covering performance, integrated governance and risk management.

The Director of Nursing and Lead Director for Governance in Nursing

The Director of Nursing is responsible for all issues relating to nursing and midwifery policy, statutory and regulatory requirements and functions, professional practice and workforce requirements. She is responsible for providing strong professional leadership and for ensuring high standards of nursing and patient/client experience in all health and social care services.

The Director of Social Services – Lead Director for Governance in Social Services

The Director of Social Services ensures on behalf of the Chief Executive and the Board of Directors that the systems and structures are in place for the Trust to meet it's delegated Statutory Functions in child care services, services to people with a mental illness, learning disability, physical disability and older people.

The Director of Social Services ensures that the Board of Directors receives the relevant information, including the annual Statutory Functions Report and the Corporate Parenting reports. He/she is responsible for social work standards within the Trust including professional workforce issues as stipulated within the legislative regulations and guidance.

Director of Finance – Lead Director responsible for Financial Governance

The Director of Finance is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. He/she is, with the Chief Executive, responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with Department of Health and Treasury requirements.

The Director of Finance ensures that, on behalf of the Chief executive, the Trust has in place systems and structure to meet its statutory and legal responsibilities relating to finance, financial management and financial controls. He/she ensures the Trust has in place Standing Orders and Standing Financial Instructions, including a Reservation of powers and Scheme of Delegation, which accord with the Department of Health and Social Services model and takes responsibility for the financial management aspect of internal controls.

Director of Human Resources

The Director of Human Resources is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from the Department of health and other external advisory bodies. Working closely with other Directors he/she maintains a system of monitoring the application of the Trust's Human Resources Strategy, Policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

The Trust's Learning and Development function falls within the remit of the Director of Human Resources. As such he/she works with relevant Directors to ensure the system in place meets the educational needs of staff and highlights management and clinical governance processes.

Director of Planning and Redevelopment

The Director of Planning and Redevelopment is responsible for ensuring that there are proper systems in place for the maintenance and safe management of all of the Belfast Trust's estates and assets. The Director will carry out risk assessments to identify and prioritise capital expenditure. The Director will ensure that the Belfast Trust meets its statutory obligations with regards to the management of fire safety, and will report annually to the Board of Directors.

Service Group Directors

The Service Group Directors are:-

- Director of Older People, General Medicine and Surgery
- Director of Mental Health and Learning Disability Services
- Director of Head and Skeletal Services
- Director of Specialist Services
- Director of Clinical Services
- Director of Family and Children's Services

The Service Group Directors are responsible for ensuring that within their area of responsibility, staff are aware of and comply with the process of sound governance. Each Service Group will establish a Service Group Assurance Committee and develop systems and structures to support the various governance strategies, policies and procedures and ensure these are audited and monitored. Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management and the assurance framework, the Service Group Directors agree with the Chief Executive and the Chief Operating officer, the objectives and targets for their Service Group based upon the management plan agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and Service Group Directorate performance reviews.

The Service Group Directorates are supported and facilitated to meet their governance requirements by their dedicated governance leads and the risk and governance staff of the Medical Director's office.

8. Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow the Board to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services.

The Chief Operating Officer/Deputy Chief Executive, Medical Director and Finance Director will be responsible for providing the monitoring and support for the Assurance Framework and providing an updated position on performance and governance, the effectiveness of the Trust's system of internal control; providing details of positive assurances on principal risks where controls are

effective and objectives are being met; where the organisation's achievement of its objectives is at risk through significant gaps in control; and where there are gaps in assurances about the organisation's ability to achieve its corporate objectives.

It will be important for the quality and robustness of this assurance framework to be evaluated by the Board annually.

Appendix A

RISK MANAGEMENT POLICY STATEMENT (INCORPORATING A DEFINITION OF ACCEPTABLE RISK)

The policy statement outlined below represents the Belfast Trust's corporate philosophy towards risk management. The purpose of this statement is to ensure that our staff and other stakeholders are aware of the Belfast Trust's responsibilities and their individual responsibilities for risk evaluation and control.

Policy Statement:

All staff and contractors must recognise that risk management is everyone's business. All staff will be actively encouraged to identify concerns about potentially harmful circumstances and to report adverse incidents, near misses and mistakes.

The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings. The Belfast Trust will achieve this by maintaining systematic processes for the evaluation and control of risk.

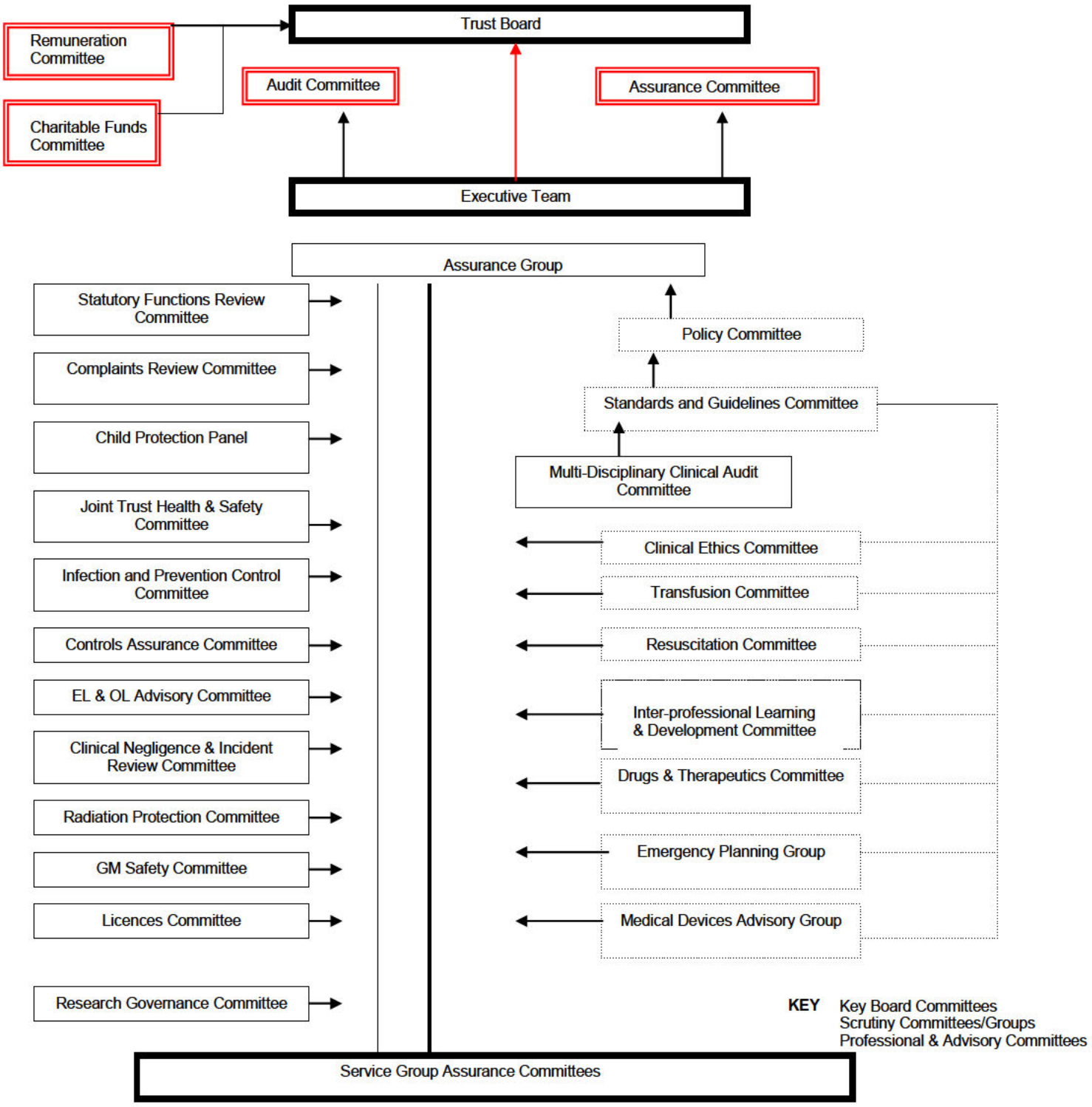
The Belfast Trust recognises that a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives will support this commitment. The Belfast Trust will provide a safe environment that encourages learning and development through *"an open and fair culture"*.

The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable risks through a systematic and objective process. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service.

The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will involve its service users, public representatives, contractors and other external stakeholders in the development and implementation of a risk management strategy.

Appendix B

ASSURANCE COMMITTEE
SUB COMMITTEE STRUCTURE



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2009/10

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the HPSS (NI) Order 1991[4] (augmented by the HPSS (NI) Order 1994[5]) led to the creation of HSS Trusts. The distinction drawn then between the HSS Boards' planning and commissioning of services for their resident populations, and the Trusts' provision of those services, remains to this day, and their accountability relationship rests on it.

Regarded from the accountability perspective, there are two broad categories of HPSS activity:

- Category one: those services identified as being needed and commissioned by HSS Boards from Trusts and also issues which are statutory obligations of Trusts. These comprise the full range of HPSS's business and relate to the provision of health and social services, the volume and quality of which are detailed in Service and Budget Agreements between the commissioners and the providers. They include delegated statutory functions.

- Category two: certain duties to be performed by HPSS organisations by virtue of their being public bodies. Such duties cover, for example, financial control (including value for money, regularity and probity), control of capital assets, human resources and corporate governance.

In accountability terms, there are differences between the two categories. In category one, Trusts are, initially answerable to the commissioning HSS Board(s), via their Service and Budget Agreements, for the quantity, quality and efficiency of services. This relationship has been strengthened by the introduction of the statutory duty for the quality of services commissioned for, and provided to, the population which applies to both HSS Boards and Trusts [6]. In this category, therefore, Trusts are responsible to HSS Boards for the delivery of services to the quantity, cost and quality specified in Service and Budget Agreements. (There may also be a shared responsibility between HSS Board and Trust to the Department, as in the achievement of Priorities for Action targets.)

Within this category, however, there exists a sub-set of services where a heightened degree of accountability between a Trust and HSS Board obtains. This originates in the 1994 Order, where certain functions – specified as "relevant functions" are the immediate responsibility of HSS Boards; the Trusts duly submit for approval by the relevant HSS Board and by the Department, 'schemes' setting out how they intended to discharge the functions or services in question. With the exception of those discharged under the Mental Health (NI) Order

[4] S.I. 1991/194 (N.I. 1)
[5] S.I. 1994/429 (N.I. 2)
[6] Paragraph 5 of HSS(PPM) 10/2002

1986[7], the functions in question are drawn from what are generally regarded as personal social services (including children and adoption services).

In accountability terms this means that, where a Trust scheme for a relevant function is in operation, the delegating HSS Board should monitor its operation. The Board must check that the Trust is complying with the terms of the scheme and hold the Trust to account for how it discharges that function. As a separate legal entity, accountable for the discharge of relevant statutory functions, the Trust will create sound organisational arrangements to discharge such functions effectively. The discharge by the Trust of its powers and duties under the legislation will involve: interventions in matters of personal liberty; the protection of vulnerable people; the provision of vital services; and the exercise of regulatory functions. The Trust will develop systems that are robust and capable of balancing appropriately the complex issues of protection and care.

In category two (financial control, governance, and for overall organisational performance etc) each HPSS organisation is accountable directly to the Department. HSS Boards may reasonably expect that Trusts, in responding to their commissioning requirements, will be complying with the Departmental directions etc on governance or financial control.

6. The Assurance Framework

This assurance framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources.

The most objective assurances are those derived from independent reviewers – which will include the Regulation and Quality Improvement Authority, Departmental special enquiries or reviews and Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

It is important that as information is collated and evaluated across the Trust that this is done in a consistent and efficient way, is proportionate and minimizes duplication of work by different reviewers.

This framework provides a structure for acquiring and examining the evidence to support the Statement of Internal Control.

[7] S.I. 1986/595 (N.I .4)

Risk Management

The Belfast Trust will develop a risk management strategy that will be underpinned by its policy on risk (see Appendix A) and explain its approach to acceptable risk.

The Belfast Trust will adopt an open and learning culture that encourages continual quality improvement, but with openness when things go wrong. Processes for managing and learning from adverse incidents, complaints and litigation will be introduced as an immediate priority.
Controls assurance will remain a key process for the Belfast Trust.

The Belfast Trust will identify key Directors to be accountable for action planning against each standard. The results will be used to inform the Trust's corporate risk register and will be mainstreamed with other aspects of the Trust's Delivery Plan through the Assurance Framework.

Organisational Arrangements

Proposed organizational arrangements for governance and assurance are set out in Appendix B. An important element of the Trust's arrangements is the need for robust governance within service groups. This will be tested through the accountability review process. There are a number of internal and external mechanisms that will support this.

The **Board of Directors** is responsible for:

- Establishing the organisation's strategic direction and aims in conjunction with the Executive Management Team
- Ensuring accountability to the public for the organisation's performance
- Assuring that the organisation is managed with probity and integrity.

The membership of the Board of the Trust is defined in the Establishment Order to include the Directors of Social Work, Medicine, Nursing and Finance.

The Audit Committee

The Audit Committee (a standing committee of the Board of Directors) is comprised of non-executive directors. Its role is to assist the Board in ensuring an effective control system is in operation. This includes the effectiveness of internal financial controls, identifying financial risks, the review of internal and external audit functions and addressing the financial aspects of governance in the Belfast Trust.

The Assurance Committee

The Assurance Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors only. Its role is to assist the Board of Directors in ensuring an effective assurance framework is in operation for all aspects of the Trusts undertakings, other than finance. The Assurance Committee is also responsible for the identification of principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Executive Team

The Executive Team is responsible for ensuring that the sequence of performance reports, audits and independent reports, required by the Board of Directors as part of the performance management and assurance processes, is available.

The Executive Team will ensure that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process. Executive Team will prepare and regularly update a corporate risk register, which will inform the management planning, service development and accountability review process.

The Assurance Group

The purpose of the Assurance Group is to co-ordinate the work of the assurance/scrutiny committees and service groups assurance quality and safety committees. The Assurance Group will be responsible on behalf of the Executive Team for developing and maintaining the assurance framework, including the corporate risk register. It will be responsible for maintaining a programme of self-assessment and independent audit/verification against required standards other than finance.

The Scrutiny, Professional & Advisory Committees

These committees report through the Assurance Group to Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice. They will also provide expert advice, supporting best practice within Service Groups.

7. Accountabilities and Responsibilities for Assurance in the Belfast Health and Social Care Trust

The following section outlines the roles and responsibilities of the Trust Board, Non-Executive Directors, Chief Executive, Directors and Operational Governance leads in respect of Governance. Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities. Good governance means promoting values for the whole organisation and demonstrating the value of good governance through behaviour; taking informed and transparent decisions, and managing risk; developing the capacity and capability of the Board of Directors to be effective and engage in stakeholders and making accountability real.

The role of the Board

The role of the Board is defined as collective responsibility for adding value to the organisation by directing and supervising the Trusts affairs. It provides active leadership of the organisation within a framework of prudent and effective controls, which enable risks to be assessed and managed. It sets the Trusts strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance. By setting the Trusts values and standards the Board ensures that the Trust's obligations to patients, the community and staff are understood and met.

The role of the Chairman

The role of the Chairman and the Chief Executive is to lead the Board and the Assurance Committee in ensuring it's effectiveness on all aspects of its role and agenda setting. He will ensure the provision of accurate and timely information to Board members and effective communication with staff, patients and the public.

The role of the Non-Executive Directors

Non-executive directors will assure themselves and the Trust Board that the Assurance Committee and its related committees are addressing key governance issues within the organisation. Their responsibilities include strategy, by constructively challenging and contributing to the development of strategy; performance, through scrutiny of the performance of management in meeting agreed goals and objectives; risk, by satisfying themselves that financial and other information is accurate and that financial controls and systems of risk management are robust and defensible. Non Executive Directors are responsible for ensuring the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the Trust.

The role of the Chief Executive

The Chief Executive through his leadership creates the vision for the Board and the Trust to modernise and improve services. He is responsible for the Statutory Duty of Quality. He is responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. His responsibilities include leadership, delivery, performance management, governance and accountability to the Board to meet their objectives and to the Department of Health and Social Services and Public Safety as Accountable Officer.

As Accountable Officer, the Chief Executive has responsibility for ensuring that the Trust meets all of its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility encompasses the elements of financial control, organisational control, clinical and social care governance, Health and Safety and risk management.

The role of the Executive Team

The Executive Team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility. Collectively the Executive Team is responsible for providing the systems, processes and evidence of governance. The Executive Team are responsible for ensuring that the Board, as a whole, are kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

Role of the Chief Operating Officer/Deputy Chief Executive

The Chief Operating officer is accountable to the Chief Executive for ensuring that the Trust operates sound systems of operational performance, working in conjunction with the Director of Finance.

The Chief Operating Officer has a lead role in ensuring organisational progress against the Trust objectives and Management Plan.

As part of the Trust's performance framework the Corporate and Service Group Directors, together with the Chief Operating Officer, are accountable for the Trust Management Plan and individual Service Group Directorate's plans based on the, Quality, Patient and Client Safety objectives and standards, financial objectives and targets agreed by the Board. The Chief Operating Officer maintains the review/monitoring process. The outcome of the review/monitoring process will contribute to the Board's Performance and Assurance Framework.

The Medical Director – Lead Director responsible for Integrated Governance and Risk Management and Involving Clinical Governance

The Medical Director is accountable to the Chief Executive for the strategic development of the integrated governance arrangements, including risk management excluding finance. This responsibility is shared with the Director of Nursing, Director of Social Work and Director of Finance.

He ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet it's statutory and legal responsibilities relating to his area of accountability and that these are based on good practice and guidance from the Department and other external advisory bodies.

The Medical Director ensures the Trust Board receives the relevant information/annual reports required in the Boards information schedule. He will ensure that the Chief Executive and the Trust Board are kept appraised of progress and any changes in requirements, drawing to their attention gaps which may impact adversely on the Boards ability to fulfil it's governance responsibilities. As part of the Trust's performance and assurance process, the Chief Operating Officer and Medical Director oversee the review and monitoring process covering performance, integrated governance and risk management.

The Director of Nursing and Lead Director for Governance in Nursing

The Director of Nursing is responsible for all issues relating to nursing and midwifery policy, statutory and regulatory requirements and functions, professional practice and workforce requirements. She is responsible for providing strong professional leadership and for ensuring high standards of nursing and patient/client experience in all health and social care services.

The Director of Social Services – Lead Director for Governance in Social Services

The Director of Social Services ensures on behalf of the Chief Executive and the Board of Directors that the systems and structures are in place for the Trust to meet it's delegated Statutory Functions in child care services, services to people with a mental illness, learning disability, physical disability and older people.

The Director of Social Services ensures that the Board of Directors receives the relevant information, including the annual Statutory Functions Report and the Corporate Parenting reports. He/she is responsible for social work standards within the Trust including professional workforce issues as stipulated within the legislative regulations and guidance.

Director of Finance – Lead Director responsible for Financial Governance

The Director of Finance is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. He/she is, with the Chief Executive, responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with Department of Health and Treasury requirements.

The Director of Finance ensures that, on behalf of the Chief executive, the Trust has in place systems and structure to meet its statutory and legal responsibilities relating to finance, financial management and financial controls. He/she ensures the Trust has in place Standing Orders and Standing Financial Instructions, including a Reservation of powers and Scheme of Delegation, which accord with the Department of Health and Social Services model and takes responsibility for the financial management aspect of internal controls.

Director of Human Resources

The Director of Human Resources is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from the Department of health and other external advisory bodies. Working closely with other Directors he/she maintains a system of monitoring the application of the Trust's Human Resources Strategy, Policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

The Trust's Learning and Development function falls within the remit of the Director of Human Resources. As such he/she works with relevant Directors to ensure the system in place meets the educational needs of staff and highlights management and clinical governance processes.

Director of Planning and Redevelopment

The Director of Planning and Redevelopment is responsible for ensuring that there are proper systems in place for the maintenance and safe management of all of the Belfast Trust's estates and assets. The Director will carry out risk assessments to identify and prioritise capital expenditure. The Director will ensure that the Belfast Trust meets its statutory obligations with regards to the management of fire safety, and will report annually to the Board of Directors.

Service Group Directors

The Service Group Directors are:-

- Director of Older People, General Medicine and Surgery
- Director of Mental Health and Learning Disability Services
- Director of Specialist Services
- Director of Clinical Services
- Director of Family and Children's Services

The Service Group Directors are responsible for ensuring that within their area of responsibility, staff are aware of and comply with the process of sound governance. Each Service Group will establish a Service Group Assurance Committee and develop systems and structures to support the various governance strategies, policies and procedures and ensure these are audited and monitored. Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management and the assurance framework, the Service Group Directors agree with the Chief Executive and the Chief Operating officer, the objectives and targets for their Service Group based upon the management plan agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and Service Group Directorate performance reviews.

The Service Group Directorates are supported and facilitated to meet their governance requirements by their dedicated governance leads and the risk and governance staff of the Medical Director's office.

8. Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow the Board to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services.

The Chief Operating Officer/Deputy Chief Executive, Medical Director and Finance Director will be responsible for providing the monitoring and support for the Assurance Framework and providing an updated position on performance and governance, the effectiveness of the Trust's system of internal control; providing details of positive assurances on principal risks where controls are effective and objectives are being met; where the organisation's achievement of

its objectives is at risk through significant gaps in control; and where there are gaps in assurances about the organisation's ability to achieve its corporate objectives.

It will be important for the quality and robustness of this assurance framework to be evaluated by the Board annually.

Appendix A

RISK MANAGEMENT POLICY STATEMENT (INCORPORATING A DEFINITION OF ACCEPTABLE RISK)

The policy statement outlined below represents the Belfast Trust's corporate philosophy towards risk management. The purpose of this statement is to ensure that our staff and other stakeholders are aware of the Belfast Trust's responsibilities and their individual responsibilities for risk evaluation and control.

Policy Statement:

All staff and contractors must recognise that risk management is everyone's business. All staff will be actively encouraged to identify concerns about potentially harmful circumstances and to report adverse incidents, near misses and mistakes.

The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings. The Belfast Trust will achieve this by maintaining systematic processes for the evaluation and control of risk.

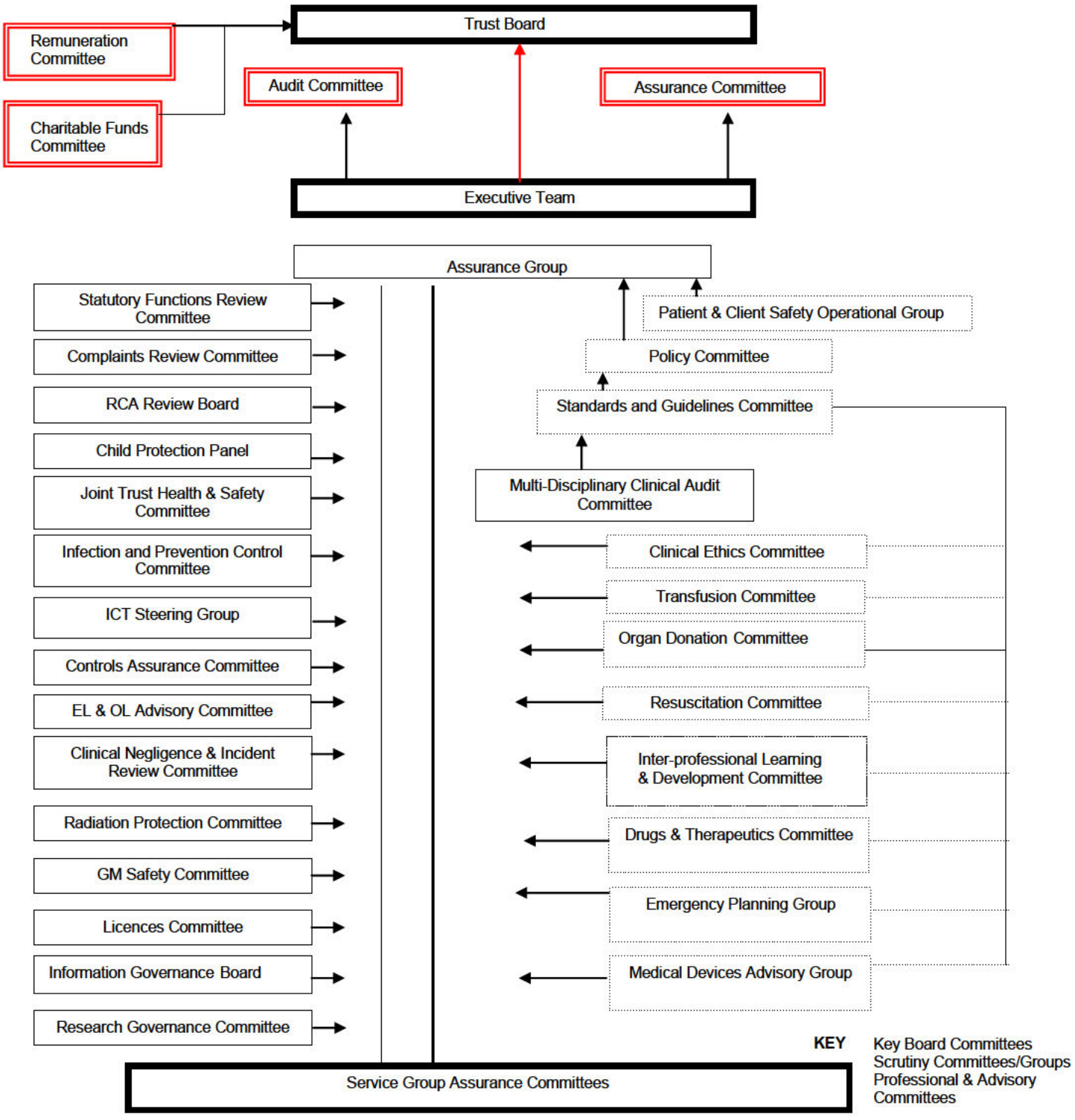
The Belfast Trust recognises that a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives will support this commitment. The Belfast Trust will provide a safe environment that encourages learning and development through *"an open and fair culture"*.

The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable risks through a systematic and objective process. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service.

The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will involve its service users, public representatives, contractors and other external stakeholders in the development and implementation of a risk management strategy.

Appendix B

ASSURANCE COMMITTEE
SUB COMMITTEE STRUCTURE



Belfast Health and Social Care Trust

BOARD ASSURANCE FRAMEWORK

2013-2014

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1. Introduction

The Board of Directors of the Belfast HSC Trust (The Board) has a responsibility to provide high quality care, which is safe for patients, clients, young people, visitors and staff, and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance Framework is an integral part of the governance arrangements for the Belfast HSC Trust and should be read in conjunction with the Corporate Plan.

The Assurance Framework (and Principal Risk Document) describes the organisational objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It lays out the sources of evidence which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This framework should provide the Board with confidence that the systems, policies, and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

The Directors of the Belfast HSC Trust have:

- Defined Corporate objectives[1];
- Identified principal risks that may threaten the achievement of those objectives;
- Controls in place to manage these risks, underpinned by core Controls Assurance Standards;
- Explicit arrangements for obtaining assurance on the effectiveness of existing controls across all areas;

[1] Belfast Health and Social Care Trust – Corporate Management & Delivery Plans

On an ongoing basis the Board will:

- Assess the assurances given;
- Identify where there are gaps in controls and/or assurances;
- Take corrective action where gaps have been identified; and
- Maintain dynamic risk management arrangements including, crucially, a regularly reviewed Principal Risk Document.

2. Strategic Context

In order to produce the outcomes for which the Department of Health, Social Services and Public Safety (the Department) is ultimately responsible, a strong partnership is required between the Department and those HSC organisations which commission and deliver the services that lead to those outcomes. The objectives of both partners are therefore inextricably linked.

The Minister's ***Transforming Your Care***[a] together with the ***Commissioning Plan Direction and Indicators of Performance Direction*** and the HSCB/PHA annual Commissioning Plan reflect the focus on reform and modernisation of services within the context of the resources available to the Department, as well as the attainment of efficiency targets, and together they form an action plan for the HSC.

The Trust Delivery Plan (TDP) describes how the Belfast Trust plans to use its resources to deliver health and social care services to patients, clients, children and young people, carers and families, and presents the Trust's proposals for addressing the reform and modernisation agenda and for meeting the efficiency programme targets.

3. Objective Setting

The Trust's Corporate Plan sets out the vision and purpose, core values and long term corporate objectives that will shape the strategic direction and priorities for the Trust over the next 3 – 5 years.

The Trust has five long term corporate objectives. These are:

- To provide safe, high quality and effective care;
- To modernise and reform our services;
- To improve health and wellbeing through engagement with our users, communities and partners;
- To show leadership and excellence through organisational and workforce development;
- To make the best use of our resources to improve performance and productivity.

The Corporate Plan and the Trust Delivery Plan set out annual targets to progressively deliver these corporate objectives.

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[a] http://www.dhsspsni.gov.uk/tyc
[b] http://www.dhsspsni.gov.uk/index/hss/priorities_for_action.htm

The Trust Delivery Plan is developed annually as a response to the Department's performance indicators and the commissioning plans of Health and Social Services Boards as expressed in their annual Health and Wellbeing Improvement Plans.

While the Corporate Plan incorporates these Departmental/ commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets under each corporate objective.

The Corporate Objectives and associated annual targets (regional and local) are cascaded throughout the Trust by:

- Directorate Annual Performance Plans;
- Service/Team annual plans;
- Individual objectives.

This process forms an integral part of the Trust's Performance Management and Assurance Framework.

4. What Assurance Means

The Board can properly fulfil its responsibilities when it has a full grasp of the principal risks facing the organisation. Based on the knowledge of risks identified, the Directors will determine the level of assurance that should be available to them with regard to those risks. There are many individuals, functions and processes, within and outside an organisation, that produce assurances. These range from statutory duties (such as those under health and safety legislation) to regulatory inspections that may or may not be HSC-specific, to voluntary accreditation schemes and to management and other employee assurances. Taking stock of all such activities and their relationship (if any) to key risks is a substantial but necessary task.

The Board is committed to the effective and efficient deployment of all the Trust's resources. This will require some consideration of the principle of **reasonable** rather than **absolute** assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

This framework defines the approach of the Board of the Belfast HSC Trust to **reasonable** assurance. It is clear that assurance, from whatever source, will never provide **absolute** certainty. Such a degree of assurance does not exist, and pursuit of it is counter-productive.

5. Accountability

5.1 Accountability to Minister and the DHSSPS

Health and Well Being Investment Plans and Trust Delivery Plans are the main vehicles for conveying where, and by what means, performance indicators, efficiency savings and service improvements will be delivered. The processes to monitor delivery of these form an integral part of the Department's monitoring and accountability arrangements. The Belfast HSC Trust is ultimately accountable to the Minister for Health for the delivery of health and social services to the people of Northern Ireland and for good governance arrangements. Accountability mechanisms include formal reporting against the achievement of service priorities and on financial performance.

5.2 Accountability with the Health & Social Care Board

The Health and Social Care Board and Health and Social Care Trusts are accountable to the public for the services that they commission and provide.

The basis for HSC accountability is the Health and Personal Social Services (Northern Ireland) Order 1972[2] (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department the duty to:

- provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness;

- provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and

- secure the efficient coordination of health and personal social services.

Under Article 16 of the 1972 HPSS Order, the HSS Boards were established for the purpose of administering and providing health and personal social services within their respective areas. This broad remit changed in the early 1990s when the HPSS (NI) Order 1991[3] (augmented by the HPSS (NI) Order 1994[4]) led to the creation of HSS Trusts. The distinction drawn then between the HSS Boards'

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[3] S.I. 1991/194 (N.I. 1)
[4] S.I. 1994/429 (N.I. 2)

planning and commissioning of services for their resident populations, and the Trusts' provision of those services, remains but the HSS Boards functions have now been subsumed into those of the single regional Health & Social Care Board (HSCB). The Board was established in April 2009 by the Health and Social Care (Reform) Act (Northern Ireland) 2009 and includes five Local Commissioning Groups (LCGs) coterminous with the Trusts, Public Health Agency (PHA), a Business Services Organisation (BSO) and a Patient and Client Council (PCC).

Regarded from the accountability perspective, there are two broad categories o HPSS activity:

- Category one: those services identified as being needed and commissioned by HSS Boards from Trusts. The volume and quality of which are detailed in Service and Budget Agreements between the commissioner and the providers. This category also includes statutory obligations of Trusts including delegated statutory functions.

- Category two: certain duties to be performed by HSC organisations by virtue of their being public bodies. Such duties cover, for example, financial control (including value for money, regularity and probity), control of capital assets, human resources and corporate governance.

In accountability terms, there are differences between the two categories. In category one, Trusts are, initially answerable to the HSCB, via their Service and Budget Agreements, for the quantity, quality and efficiency of services. This relationship has been strengthened by the introduction of the statutory duty for the quality of services commissioned for, and provided to, the population which applies to both the HSCB and Trusts[5]. In this category, therefore, Trusts are responsible to the HSCB for the delivery of services to the quantity, cost and quality specified in Service and Budget Agreements.

Trusts, as corporate entities, are responsible in law for the discharge of statutory functions. The Trust is accountable to the HSCB for the discharge of those statutory functions delegated by the HSCB (relevant functions) and those conferred directly on Trusts by primary legislation. It is obliged to establish sound organisational arrangements to discharge such functions effectively. The majority of these functions relate to services provided by the Trust's professional Social Work and Social Care workforce.

The Scheme for the Delegation of Statutory Functions (the Scheme) sets out for each Service Sector the statutory duties delegated by the HSCB to the Trust and the accountability arrangements pertaining to these functions.

The Scheme specifies the organisational control and assurance processes informing the Trust's discharge of its statutory functions.

[5] Paragraph 5 of HSS(PPM) 10/2002

The nature and scope of the statutory functions and related services discharged by the Trust give rise to enhanced levels of public scrutiny. These include interventions in matters of personal liberty, the protection of vulnerable children and adults, the Trust's corporate parenting responsibilities, the provision of vital services and the exercise by the Trust of regulatory functions. Their effective discharge is central to organisational integrity. As a consequence, they have a heightened organisational and corporate significance and related assurance profile. The Trust is required to have in place systems that are robust and capable of balancing appropriately the complex issues of protection and care.

The Trust is accountable to the HSCB for the effective discharge of its statutory functions as well as the quantity, quality and efficiency of the related services it provides. The HSCB has the authority to monitor and evaluate such services and requires the Trust to produce an annual report on how it has discharged its relevant functions.

In category two (financial control, governance, and for overall organisational performance etc) the HSCB is accountable directly to the Department. The HSCB may reasonably expect that Trusts, in responding to their commissioning requirements, will be complying with the Departmental directions etc on governance or financial control. The Trust has been identified as a designated body by the General Medical Council and will ensure that this Framework supports the effective delivery of medical revalidation.

6. The Assurance Framework

This Assurance Framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources.

The most objective assurances are those derived from independent reviewers – which will include the Regulation and Quality Improvement Authority, Departmental special inquiries or reviews and Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self-assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

The role of the Courts in the 'regulation' and the holding of the Trust to account with regard to the discharge of its statutory functions is of key importance.

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The Executive Team will ensure that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process. Executive Team will prepare and regularly update a Principal Risk Document, which will inform the management planning, service development and accountability review process.

The Assurance Group

The purpose of the Assurance Group is to oversee the work of the assurance/scrutiny committees. The Assurance Group will be responsible on behalf of the Executive Team for developing and maintaining the Assurance Framework, including the Principal Risk Document. It will be responsible for maintaining a programme of self-assessment and independent audit/verification against required standards, other than finance.

Assurance Steering Groups (Appendix B)

These committees report through the Assurance Group to Executive Team. They are generally standing committees that are responsible for co-ordinating the work of the Expert Advisory Committees and for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice.

The Formal Sub-Committees (Appendix B)

These committees report through a Steering Group to the Assurance Group of the Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice. They will also provide expert advice, supporting best practice within Directorates.

7. Accountabilities and Responsibilities for Assurance in the Belfast Health and Social Care Trust

The following section outlines the roles and responsibilities of the Trust Board, Non-Executive Directors, Chief Executive, Directors and Operational Governance leads in respect of Governance. Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities. Good governance means promoting organisational values at all levels, taking informed and transparent decisions, and managing risk; developing the capacity and capability of the Board of Directors to be effective and engage in stakeholders and making accountability real.

The role of the Board

The role of the Board is defined as collective responsibility for adding value to the organisation by directing and supervising the Trusts affairs. It provides active leadership of the organisation within a framework of prudent and effective controls, which enable risks to be assessed and managed. It sets the Trust's strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance. By setting the Trust's values and standards, the Board ensures that the Trust's obligations to patients, the community and staff are understood and met.

The role of the Chair

The Chair has a key leadership role in the assurance framework. He/she provides leadership through his/her chairmanship of the Board and Assurance Committee. He/she works closely with the Chief Executive and other Directors to ensure the effectiveness of the Assurance Framework. The Chair and the Chief Executive will ensure the provision of timely information to Board members and effective communication with staff, patients and the public.

The role of the Non-Executive Directors

Non-Executive Directors will assure themselves and the Trust Board that the Audit Committee and Assurance Committee and related committees are addressing key governance issues within the organisation. Their responsibilities include strategy, by constructively challenging and contributing to the development of strategy; performance, through scrutiny of the performance of management in meeting agreed goals and objectives; risk, by satisfying themselves that financial and other information is accurate and that financial controls and systems of risk management are robust and defensible. Non-Executive Directors are responsible for ensuring the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the Trust.

The role of the Chief Executive

The Chief Executive through his leadership creates the vision for the Board and the Trust to modernise and improve services. He/she is responsible for the Statutory Duty of Quality. He/she is responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. His/her responsibilities include leadership, delivery, performance management, governance and accountability to the Board to meet their objectives and to the Department of Health and Social Services and Public Safety as Accountable Officer.

As Accountable Officer, the Chief Executive has responsibility for ensuring that the Trust meets all of its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility encompasses the elements of financial control, organisational control, clinical and social care governance, Health and Safety and risk management.

The role of the Executive Team

The Executive Team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility. Collectively the Executive Team is responsible for providing the systems, processes and evidence of governance. The Executive Team is responsible for ensuring that the Board, as a whole, is kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

The role of the Deputy Chief Executive/Director of Human Resources

As Deputy he/she both deputises for the Chief Executive and undertakes duties beyond the scope of Human Resources in line with service needs and organisational objective.

The Deputy Chief Executive/Director of Human Resources is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from the Department of Health and other external advisory bodies. Working closely with other Directors he/she maintains a system of monitoring the application of the Trust's Human Resources Strategy, policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

The Trust's Learning and Development function falls within the remit of the Director of Human Resources. As such he/she works with relevant Directors to ensure the system in place meets the educational needs of staff and highlights management and clinical governance processes.

The role of the Director of Finance & Estates

The Director of Finance and Estates is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. He/she is, with the Chief Executive, responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with the Department of Health and Treasury requirements.

The Director of Finance and Estates ensures that, on behalf of the Chief Executive, the Trust has in place systems and structures to meets it statutory and legal responsibilities relating to finance, financial management and financial controls. He/she ensures that the Trust has in place Standing Orders and Standing Financial Instructions, including Reservation of Powers and Scheme of Delegation, which accord with the Department of Health and Social Services model and takes responsibility for the financial management aspect of internal controls.

The Director of Finance and Estates is responsible for ensuring that there are proper systems in place for the maintenance and safe management of all of the Belfast Trust's estates and assets. The Director will carry out risk assessments to identify and prioritise capital expenditure. The Director will ensure that the Belfast Trust meets its statutory obligations with regards to the management of fire safety, and will report annually to the Board of Directors.

The Medical Director – Lead Director responsible for Integrated Governance and Risk Management, including Clinical Governance

The Medical Director is accountable to the Chief Executive for the strategic development of the integrated governance arrangements, including risk management and excluding finance. This responsibility is shared with the Director of Nursing & User Experience, Director of Social Work/Children's Community Services and Director of Finance & Estates.

The Medical Director ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to their area of accountability and that these are based on good practice and guidance from the Department and other external advisory bodies. The Trust is a designated body in respect of medical revalidation and as the Responsible Officer the Medical Director must assure him/her self that systems and processes are in place to effectively deliver revalidation.

The Medical Director ensures the Trust Board receives the relevant information/annual reports required in the Board's information schedule. He/she will ensure that the Chief Executive and the Trust Board are kept appraised of progress and any changes in requirements, drawing to their attention gaps which may impact adversely on the Board's ability to fulfil its governance responsibilities.

As part of the Trust's performance and assurance process, the Director of Performance Planning & Informatics and Medical Director oversee the review and monitoring process covering performance, integrated governance and risk management.

The Executive Director of Nursing and User Experience

The Executive Director of Nursing & User Experience is responsible for advising Trust Board and Chief Executive on all issues relating to nursing and midwifery policy, statutory and regulatory requirements professional practice and workforce requirements. She/he is responsible for providing professional leadership and for ensuring high standards of nursing and patient/client experience in all aspects of service delivery within the Trust. She/he has specific responsibility for the development and delivery of services relating to patient flow, tissue viability, continence, carers, volunteers and chaplains. She/he has specific responsibility, through the Chief Executive, for the development and delivery of high quality non-clinical support services to patients and clients in both hospital and community. She/he has lead responsibility for infection prevention and control with other Directors to ensure patient safety.

The Director of Social Work/Children's Community Services – Lead Director for Governance in Social Services

The Director of Social Work/Children's Community Services is responsible for ensuring the effective discharge of statutory functions across all Service Sectors and the establishment of organisational arrangements and structures to facilitate same. She/he is required to report directly to Trust Board on the discharge of these functions, including the presentation of the annual Statutory Functions Report and six-monthly Corporate Parenting reports.

The Director of Social Work/Children's Community Services provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social work and social care workforce.

The Director of Performance, Planning and Informatics

The Director of Performance, Planning and Informatics is accountable to the Chief Executive for ensuring that a performance and accountability framework suitable for the delivery of the Trust Delivery Plan and Corporate Plan is in place, and ensuring that the Trust operates sound systems of operational performance.

Service Directors

The Service Directors are:-

- Director of Cancer and Specialist Services;
- Director of Specialist Hospitals and Women's Health;
- Director of Social Work/Children's Community Services;
- Director of Adult Social and Primary Care;
- Director of Acute Services;
- Interim Director of Unscheduled Care.

The Service Directors are responsible for ensuring that within their area of responsibility, staff are aware of and comply with the process of sound governance. Each Directorate will establish a Directorate Assurance Committee and develop systems and structures to support the various governance strategies, policies and procedures and ensure these are audited and monitored. Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management and the assurance framework, the Directorate Directors agree with the Chief Executive and the Director of Performance, Planning and Informatics, the objectives and targets for their Directorate, based upon the management plan agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and Directorate performance reviews.

The Directorates are supported and facilitated to meet their governance requirements by their dedicated governance leads and the risk and governance staff of the Medical Director's office.

8. Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow the Board to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services.

The Chief Executive, Director of Finance and Estates, Medical Director and Director of Planning, Performance and Informatics will be responsible for providing the monitoring and support for the Assurance Framework and providing an updated position on performance and governance, the effectiveness of the Trust's system of internal control; providing details of positive assurances on principal risks where controls are effective and objectives are being met; where

the organisation's achievement of its objectives is at risk through significant gaps in control; and where there are gaps in assurances about the organisation's ability to achieve its corporate objectives.

It will be important for the quality and robustness of this Assurance Framework to be evaluated by the Board annually.

Appendix A

RISK MANAGEMENT POLICY STATEMENT (INCORPORATING A DEFINITION OF ACCEPTABLE RISK)

The policy statement outlined below represents the Belfast Trust's corporate philosophy towards risk management. The purpose of this statement is to ensure that our staff and other stakeholders are aware of the Belfast Trust's responsibilities and their individual responsibilities for risk evaluation and control.

Policy Statement:

All staff and contractors must recognise that risk management is everyone's business. All staff will be actively encouraged to identify concerns about potentially harmful circumstances and to report adverse incidents, near misses and mistakes.

The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings. The Belfast Trust will achieve this by maintaining systematic processes for the evaluation and control of risk.

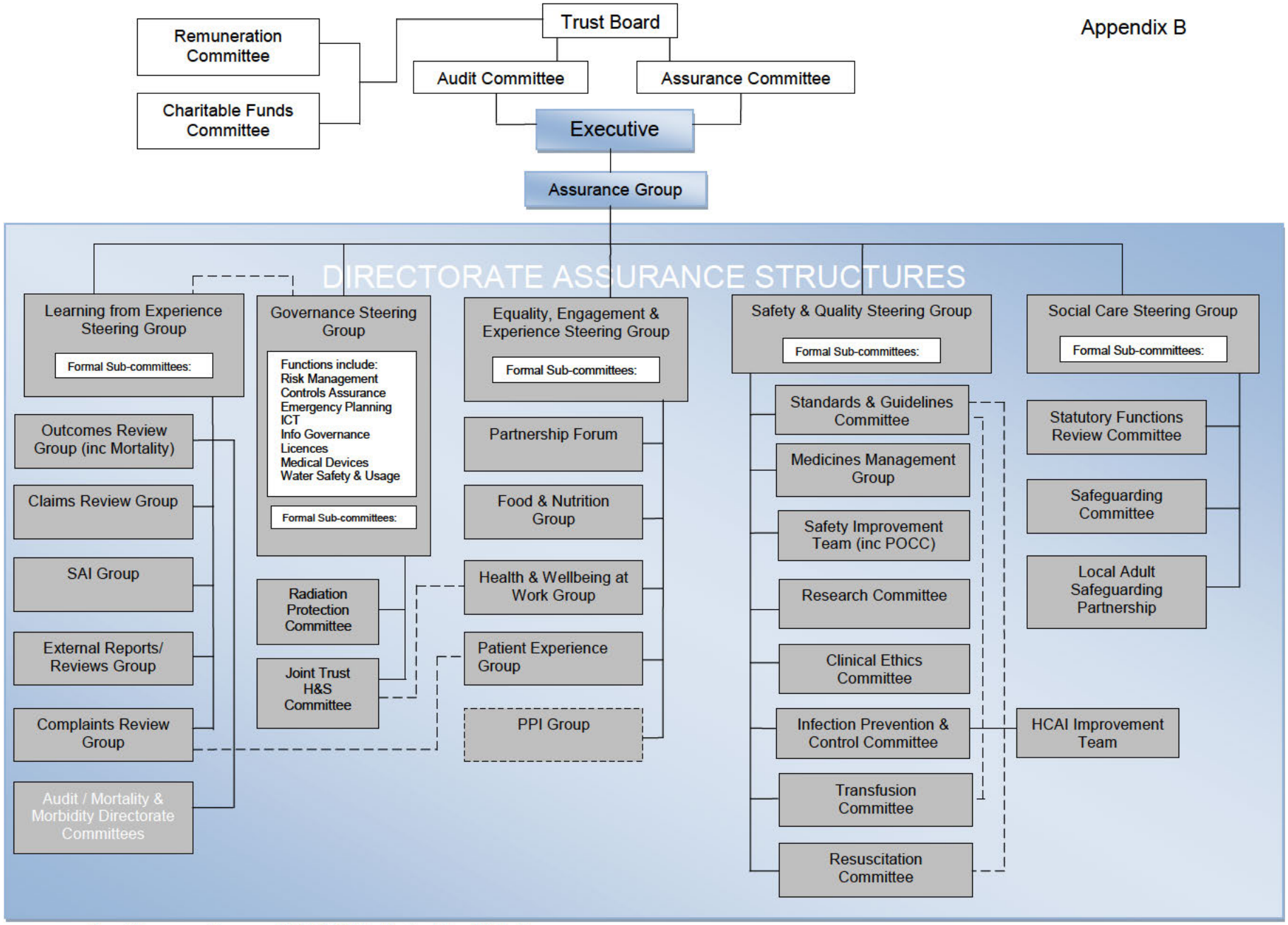
The Belfast Trust recognises that a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives will support this commitment. The Belfast Trust will provide a safe environment that encourages learning and development through *"an open and fair culture"*.

The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable risks through a systematic and objective process. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service.

The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will involve its service users, public representatives, contractors and other external stakeholders in the development and implementation of a risk management strategy.

ASSURANCE SUB-COMMITTEE STRUCTURE

Appendix B



Board Assurance Framework 2013-2014 - Revised Jun 2013v4f

Belfast Health and Social Care Trust

caring supporting improving together

BOARD ASSURANCE FRAMEWORK

2020-2021

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1. Introduction

The Board of Directors of the Belfast HSC Trust (The Board) has a responsibility to provide high quality care, which is safe for patients, clients, young people, visitors and staff, and which is underpinned by the public service values of accountability, probity and openness.

The Board is responsible for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives. The Assurance Framework provides the structure by which the Board's responsibilities are fulfilled.

The Assurance Framework is an integral part of the governance arrangements for the Belfast HSC Trust and should be read in conjunction with the Trust Corporate Management Plan 2018-2021.

The Assurance Framework (formerly Principal Risk Document) describes the organisational objectives, identifies potential risks to their achievement, the key controls through which these risks will be managed and the sources of assurance about the effectiveness of these controls. It outlines the sources of evidence, which the Board will use to be assured of the soundness and effectiveness of the systems and processes in place to meet objectives and deliver appropriate outcomes.

This framework should provide the Board with confidence that the systems, policies, and people are operating effectively, are subject to appropriate scrutiny and that the Board is able to demonstrate that they have been informed about key risks affecting the organisation.

The Directors of the Belfast HSC Trust have:

- Defined Corporate objectives[1];
- Identified principal risks that may threaten the achievement of those objectives;
- Controls in place to manage these risks, underpinned by core Assurance Standards;
- Explicit arrangements for obtaining assurance on the effectiveness of existing controls across all areas;

[1] Belfast HSC Trust Corporate Management Plan 2018-21

On an ongoing basis, the Board will:

- Assess the assurances given;
- Identify where there are gaps in controls and/or assurances;
- Take corrective action where gaps have been identified; and
- Maintain dynamic risk management arrangements including, crucially, regularly reviewed Principal Risks.

2. Strategic Context

In order to produce the outcomes for which the Department of Health (the Department) is ultimately responsible, a strong partnership is required between the Department and those HSC organisations which commission and deliver the services that lead to those outcomes. The objectives of both partners are therefore inextricably linked.

The DoH Commissioning Directions and the HSCB/PHA annual Commissioning Plan reflect the focus on reform and modernisation of services within the context of the resources available, as well as the attainment of efficiency targets. Together they form an action plan for the HSC.

The 3-year Trust Corporate Management Plan (2018-2021) affirms the Trust Vision and Values, and sets out the three-year commitment for Trust services with identified outcomes. The Trust Vision is:

> *'..to be one of the safest, most effective and compassionate health and social care organisations.'* (Corporate Management Plan 2018-2021)

The Trust Delivery Plan (TDP) is the Trust's response to the DoH Commissioning Plan Direction and the HSCB Commissioning Plan. It describes how the Belfast Trust plans to use its resources to deliver health and social care services to patients, clients, children and young people, carers and families, and presents the Trust's proposals for addressing the service transformation agenda and for effective and efficient management of resources.

3. Objective Setting

The Trust's 3-year Corporate Management Plan (2018-2021), supported by Divisional Management Plans, identifies our objectives to support the delivery of the Corporate Plan and the Trust Delivery Plan within the context of the overall regional priorities, i.e., – improving the health of the population; improving the

quality and experience of care; ensuring the sustainability of the services delivered and supporting and empowering our staff.

The Trust has identified five overarching corporate objectives:

Safety, Quality and Experience - Work with service users and carers to continuously improve Safety, Quality and Experience for those who access and deliver our services;

Service Delivery - Drive improved performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors;

People and Culture - Support a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams;

Strategy and Partnerships - Innovate and develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors;

Resources - Work together to make the best use of available resources and reduce variation in care for the benefit of those we serve.

There are objectives attached to each of these overarching objectives. Divisional Management Plans are reflected in local team objectives and the Accountability Process is designed to enable team ownership of the Trust's goals.

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[a] http://www.dhsspsni.gov.uk/tyc
[b] http://www.dhsspsni.gov.uk/index/hss/priorities_for_action.htm

The Trust Delivery Plan is developed annually as a response to the Department's performance indicators outlined in Commissioning Plan Direction and the HSCB/PHA Commissioning Plan.

While the Corporate Management Plan incorporates these Departmental/ commissioner targets, it takes a wider view of the organisational responsibilities of the Trust, setting a range of local targets under each corporate objective.

The Corporate Objectives and associated annual targets (regional and local) are cascaded throughout the Trust by:

- Divisional Annual Management Plans;
- Service/Team annual plans;
- Individual objectives.

This process forms an integral part of the Trust's Performance Management and Assurance Framework.

4. What Assurance Means

The Board can properly fulfil its responsibilities when it has a full grasp of the principal risks facing the organisation. Based on the knowledge of risks identified, the Directors will determine the level of assurance that should be available to them with regard to those risks. There are many individuals, functions and processes, within and outside an organisation, that produce assurances. These range from statutory duties (such as those under health and safety legislation) to regulatory inspections that may or may not be HSC-specific, to voluntary accreditation schemes and to management and other employee assurances. Taking stock of all such activities and their relationship (if any) to key risks is a substantial but necessary task.

The Board is committed to the effective and efficient deployment of all the Trust's resources. This will require some consideration of the principle of **reasonable** rather than **absolute** assurance. In determining reasonable assurance it is necessary to balance both the likelihood of any given risk materialising and the severity of the consequences should it do so, against the cost of eliminating, reducing or minimising it (within available resources).

This framework defines the approach of the Board of the Belfast HSC Trust to **reasonable** assurance. It is clear that assurance, from whatever source, will never provide **absolute** certainty. Such a degree of assurance does not exist, and pursuit of it is counter-productive.

5. Accountability

5.1 Accountability to Minister and the Department of Health

Trust Delivery Plans are the main vehicles for conveying where, and by what means, performance indicators, efficiency savings and service improvements will be delivered. The processes to monitor delivery of these form an integral part of the Department's monitoring and accountability arrangements. The Belfast HSC Trust is ultimately accountable to the Minister for Health for the delivery of health and social services to the people of Northern Ireland and for good governance arrangements. Accountability mechanisms include formal reporting against the achievement of service priorities and on financial performance.

5.2 Accountability with the Health & Social Care Board

The Health and Social Care Board and Health and Social Care Trusts are accountable to the public for the services that they commission and provide.

The basis for HSC accountability is the Health and Personal Social Services (Northern Ireland) Order 1972[2] (the 1972 HPSS Order) and subsequent amending legislation. Article 4 of the 1972 HPSS Order imposes on the Department the duty to:

- provide or secure the provision of integrated health services in Northern Ireland designed to promote the physical and mental health of the people of Northern Ireland through the prevention, diagnosis and treatment of illness;

- provide or secure the provision of personal social services in Northern Ireland designed to promote the social welfare of the people of Northern Ireland; and

- secure the efficient coordination of health and personal social services.

Under Article 16 of the 1972 HPSS Order, the HSS Boards were established for the purpose of administering and providing health and personal social services within their respective areas. This broad remit changed in the early 1990s when the HPSS (NI) Order 1991[3] (augmented by the HPSS (NI) Order 1994[4]) led to the creation of HSS Trusts. The distinction drawn then between the HSS Boards' planning and commissioning of services for their resident populations, and the Trusts' provision of those services, remains but the HSS Boards functions have now been subsumed into those of the single regional Health & Social Care Board (HSCB). The Board was established in April 2009 by the Health and Social Care (Reform) Act (Northern Ireland) 2009 and includes five Local Commissioning Groups (LCGs) coterminous with the Trusts, Public Health Agency (PHA), a Business Services Organisation (BSO) and a Patient and Client Council (PCC).

Regarded from the accountability perspective, there are two broad categories of HPSS activity:

- Category one: those services identified as being needed and commissioned by the HSC Board from Trusts. The volume and quality of which are detailed in Service and Budget Agreements between the commissioner and the providers. This category also includes statutory

[2] S.I.1972/1265 (N.I.14)
[3] S.I. 1991/194 (N.I. 1)
[4] S.I. 1994/429 (N.I. 2)

obligations of Trusts including delegated statutory functions.

- Category two: certain duties to be performed by HSC organisations by virtue of their being public bodies. Such duties cover, for example, financial control (including value for money, regularity and probity), control of capital assets, human resources and corporate governance.

The DoH HSC Performance Management Framework (issued June 2017) sets out an enhanced framework for managing performance and accountability for HSC with the primary performance management role undertaken within Trusts (including by Trust Board). The key regional forum for holding Trusts to account will be through the DoH accountability review meetings under the PMF. The PHA (and HSCB currently) is expected to provide advice to the DoH with regards to performance management and support to the Trusts within an overall cycle of continuous engagement and improvement.

Trusts, as corporate entities, are responsible in law for the discharge of statutory functions. The Trust is accountable to the HSCB for the discharge of those statutory functions delegated by the HSCB (relevant functions) and those conferred directly on Trusts by primary legislation. It is obliged to establish sound organisational arrangements to discharge such functions effectively. The majority of these functions relate to services provided by the Trust's professional Social Work and Social Care workforce.

The Scheme for the Delegation of Statutory Functions (the Scheme) sets out for each Service Sector the statutory duties delegated by the HSCB to the Trust and the accountability arrangements pertaining to these functions.

The Scheme specifies the organisational control and assurance processes informing the Trust's discharge of its statutory functions.

The nature and scope of the statutory functions and related services discharged by the Trust give rise to enhanced levels of public scrutiny. These include interventions in matters of personal liberty, the protection of vulnerable children and adults, the Trust's corporate parenting responsibilities, the provision of vital services and the exercise by the Trust of regulatory functions. Their effective discharge is central to organisational integrity. As a consequence, they have a heightened organisational and corporate significance and related assurance profile. The Trust is required to have in place systems that are robust and capable of balancing appropriately the complex issues of protection and care.

The Trust is accountable to the HSCB for the effective discharge of its statutory functions as well as the quantity, quality and efficiency of the related services it provides. The HSCB has the authority to monitor and evaluate such services and requires the Trust to produce an annual report on how it has discharged its relevant functions.

In category two (financial control, governance, and for overall organisational performance etc) the HSCB is accountable directly to the Department. The HSCB may reasonably expect that Trusts, in responding to their commissioning requirements, will be complying with the Departmental directions etc on governance or financial control. The Trust has been identified as a designated body by the General Medical Council and the Nursing and Midwifery Council and will ensure that this Framework supports the effective delivery of medical and nursing/midwifery revalidation.

6. The Assurance Framework

This Assurance Framework provides a comprehensive and systematic approach to effectively managing the risks to meeting our objectives. The framework illustrates the wide range of assurances from internal and external sources. The most objective assurances are those derived from independent reviewers – which will include the Regulation and Quality Improvement Authority, Departmental special inquiries or reviews and Internal and External audit. These are supplemented from non-independent sources such as performance management, multi-disciplinary audit, self-assessment reports and professional monitoring and review processes within legislative and professional regulatory guidance.

The role of the Courts in the 'regulation' and the holding of the Trust to account with regard to the discharge of its statutory functions is of key importance, for example when applying for a child care order.

It is important that as information is collated and evaluated across the Trust that this is done in a consistent and efficient way, is proportionate and minimises duplication of work by different reviewers.

This framework provides a structure for acquiring and examining the evidence to support the Statement of Internal Control.

Risk Management

The Belfast Trust has a risk management strategy that underpins its policy on risk (see Appendix A) and explains its approach to acceptable risk.

The Trust manages risk by undertaking a quarterly assessment of the organisations objectives and identifying the principal risks to achieving these objectives. These are encapsulated within the Assurance Framework. There are systems in place to monitor and review risks, which are delegated below Corporate level.

Organisational Assurance (formerly the Controls Assurance process) remains a key process for the Belfast Trust. The Belfast Trust has identified Directors to be accountable for action planning against each standard. The results will be reflected in the Trust's Corporate Risk Register.

The Belfast Trust has and continues to develop an open and learning culture that encourages continual quality improvement, but with openness when things go wrong. Processes for managing and learning from adverse incidents, complaints and litigation are in place with direction and oversight coming from the Learning from Experience Steering Group. This is underpinned by the Trust's Being Open Policy.

Quality Improvement

The Trust has developed a Quality Improvement Strategy 2017-2020 (QIS) which outlines how it will create the conditions for the Belfast Health and Social Care Trust to become a leader in providing safe, high quality and compassionate care in the UK.

Delivering safe, high quality and compassionate care is the first order priority for the Belfast Trust. We will realise this ambition by developing a culture of excellence in safety and quality by engaging, inspiring and supporting our workforce to deliver improved outcomes and experience for those in our care.

To realise and embed this culture and to support our staff, we have identified five key principles to focus our safety and quality efforts:

1. Placing the **person** clearly at the centre of our goal to become a leading safe, high quality and compassionate organisation;

2. Ensuring a **relentless focus on safety and quality improvement** through the implementation of our Quality Improvement Plan, aligned to our corporate objectives and assurance framework;
3. Ensuring th**at we are an open, transparent and supportive organisation** that is continually learning and sharing both within and beyond the organisation;
4. Using **measurement and real time data, linked to goals, to learn and improve at every level**;
5. Enhancing our **will, capability and structures** to undertake quality improvement consistently, everywhere and every day.

Organisational Arrangements

Proposed organisational arrangements for governance and assurance are set out in Appendix B and C. An important element of the Trust's arrangements is the need for robust governance within Directorates. This will be tested through the accountability review process. There are a number of internal and external mechanisms that support this.

The **Board of Directors** is responsible for:

- Establishing the organisation's strategic direction and aims in conjunction with the Executive Management Team;
- Ensuring accountability to the public for the organisation's performance;
- Assuring that the organisation is managed with probity and integrity.

The membership of the Board of the Trust is defined in the Establishment Order to include the Directors of Social Work, Medicine, Nursing and Finance.

Appendix D outlines the Schedule of Key Documents to be presented (Including Annual Reports)

The Audit Committee

The Audit Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors. Its role is to assist the Board in ensuring an effective control system is in operation. This includes the effectiveness of internal financial controls, identifying financial risks, the review of internal and external audit functions and addressing the financial aspects of governance in the Belfast Trust.

The Assurance Committee

The Assurance Committee (a standing committee of the Board of Directors) is comprised of Non-Executive Directors only. Its role is to assist the Board of Directors in ensuring an effective Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance. The Assurance Committee is also responsible for the identification of principal risks and significant gaps in controls/assurance for consideration by the Board of Directors.

The Remuneration Committee

The Remuneration Committee (a standing committee of the Board of Directors) is comprised of three Non-Executive Directors. The main function of the

Remuneration Committee is to provide advice and guidance to the Board on matters of salary and contractual terms for the Chief Executive and Directors of the Trust, guided by DHSSPS policy.

The Charitable Funds Advisory Committee

The Charitable Funds Advisory Committee (a standing committee of the Board of Directors) is comprised of Executive and Non-Executive Directors of the Board. Its role is to oversee charitable funds in line with guidance in the Trust's Standing Financial Instructions, Departmental guidance and legislation. This includes, amongst other tasks, ensuring that funds are not unduly or unnecessarily accumulated and ensuring that expenditure from charitable funds is subject to value for money considerations.

The Social Care Committee

The Social Care Committee (a standing committee of Trust Board) is comprised of Non-Executive Directors. Its role is to assist the Trust Board in assuring the Trust's discharge of its delegated statutory functions with regard to the delivery of social care services. This involves its scrutiny of the suite of reports and related data which are included in the Trust's Annual and Interim Statutory Functions Reports.

The Executive Team

The Executive Team is responsible for ensuring that the sequence of performance reports, audits and independent reports, required by the Board of Directors as part of the performance management and assurance processes, is available.
The Executive Team will ensure that governance and service improvement is embedded at all levels within the organisation and that risk management is an integral part of the accountability process. Executive Team will prepare and regularly update the Assurance Framework Document, which will inform the management planning, service development and accountability review process.

The Assurance Group

The purpose of the Assurance Group is to oversee the work of the assurance/scrutiny committees. The Assurance Group will be responsible on behalf of the Executive Team for developing and maintaining the Assurance Framework. It will be responsible for maintaining a programme of self-

assessment and independent audit/verification against required standards, other than finance.

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These committees report through the Assurance Group to Executive Team. They are generally standing committees that are responsible for co-ordinating the work of the Expert Advisory Committees and for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice.

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These committees report through a Steering Group to the Assurance Group of the Executive Team. They are generally expert groups that are responsible for developing assurance arrangements within specific areas of Trust activity and providing the necessary scrutiny of practice. They will also provide expert advice, supporting best practice across the Trust.

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The following section outlines the roles and responsibilities of the Trust Board, Non-Executive Directors, Chief Executive, Directors and Operational Governance leads in respect of Governance. Good governance requires all concerned to be clear about the functions of governance and their roles and responsibilities. Good governance means promoting organisational values at all levels, taking informed and transparent decisions, managing risk, and ensuring accountability. The Assurance Framework provides the Board of Directors with the capacity and capability to engage effectively with stakeholders.

The Role of the Board

The role of the Board is defined as collective responsibility for adding value to the organisation by directing and supervising the Trusts affairs. It provides active leadership of the organisation within a framework of prudent and effective controls, which enable risks to be assessed and managed. It sets the Trust's strategic aims and ensures the necessary financial and human resources are in place for the Trust to meet its objectives and review the performance of management in meeting objectives. By setting the Trust's values and standards, the Board ensures that the Trust's obligations to service users, the community and staff are understood and met.

The Role of the Chair

The Chair has a key leadership role in the Assurance Framework. They provide leadership through his/her chairmanship of the Board and Assurance Committee. They work closely with the Chief Executive and other Directors to ensure the effectiveness of the Assurance Framework. The Chair and the Chief Executive will ensure the provision of timely information to Board members and effective communication with staff, patients and the public.

The Role of the Non-Executive Directors

Non-Executive Directors will assure themselves and the Trust Board that the Audit Committee and Assurance Committee and related committees are addressing key governance issues within the organisation. Their responsibilities include:

Strategy: by constructively challenging and contributing to the development of strategy;

Performance: through scrutiny of the performance of management in meeting agreed goals and objectives;

Risk: by satisfying themselves that financial and other information is accurate and that financial controls and systems of risk management are robust and defensible.

Non-Executive Directors are responsible for ensuring the Board acts in the best interests of the public and is fully accountable to the public for the services provided by the Trust.

The Role of the Chief Executive

The Chief Executive through leadership creates the vision for the Board and the Trust to modernise and improve services. They are responsible for the Statutory Duty of Quality. They are responsible for ensuring that the Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. His/her responsibilities include leadership, delivery, performance management, governance and accountability to the Board to meet their objectives and to the Department of Health and Social Services and Public Safety as Accountable Officer.

As Accountable Officer, the Chief Executive has responsibility for ensuring that the Trust meets all of its statutory and legal requirements and adheres to guidance issued by the Department in respect of governance. This responsibility

encompasses the elements of financial control, organisational control, clinical and social care governance, Health and Safety and risk management.

The Role of the Executive Team

The Executive Team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility. Collectively the Executive Team is responsible for providing the systems, processes and evidence of governance. The Executive Team is responsible for ensuring that the Board, as a whole, is kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

The Role of the Director of Finance & Estates

The Director of Finance and Estates is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. They, with the Chief Executive, are responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with the Department of Health and Treasury requirements.

The Director of Finance and Estates ensures that, on behalf of the Chief Executive, the Trust has in place systems and structures to meets it statutory and legal responsibilities relating to finance, financial management and financial controls. They ensure that the Trust has in place Standing Orders and Standing Financial Instructions, including Reservation of Powers and Scheme of Delegation, which accord with the Department of Health and Social Services model and takes responsibility for the financial management aspect of internal controls.

The Director of Finance and Estates is responsible for ensuring that there are proper systems in place for the maintenance and safe management of all of the Belfast Trust's estates and assets. The Director will carry out risk assessments to identify and prioritise capital expenditure. The Director will ensure that the Belfast Trust meets its statutory obligations with regards to the management of fire safety, and will report annually to the Board of Directors.

The Role of the Director of Human Resources and Organisational Development

The Director of Human Resources and Organisational Development is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from the Department of Health and other external

advisory bodies. Working closely with other Directors they maintains a system of monitoring the application of the Trust's Human Resources Strategy, policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

The Trust's Learning and Development function falls within the remit of the Director of Human Resources. As such, they work with relevant Directors to ensure the system of learning and development meets the educational needs of staff and highlights management and clinical governance processes.

The Director of Human Resources and Organisational Development is leading a reorganisation of Directorates into Divisions and Care Delivery Units to support a collective leadership model of care delivery.

The Medical Director – Lead Director responsible for Integrated Governance and Risk Management, including Clinical Governance, and Quality Improvement

The Medical Director is accountable to the Chief Executive for the strategic development of the integrated governance arrangements, including risk management and excluding finance. This responsibility is shared with the Director of Nursing & User Experience, Director of Social Work/Children's Community Services and Director of Finance & Estates.

The Medical Director ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to their area of accountability and that these are based on good practice and guidance from the Department and other external advisory bodies. The Trust is a designated body in respect of medical revalidation and as the Responsible Officer the Medical Director must assure him/her self that systems and processes are in place to effectively deliver medical revalidation.

The Medical Director ensures the Trust Board receives the relevant information/annual reports required in the Board's information schedule. They will ensure that the Chief Executive and the Trust Board are kept appraised of progress and any changes in requirements, drawing to their attention gaps which may impact adversely on the Board's ability to fulfil its governance responsibilities.

As part of the Trust's performance and assurance process, the Director of Performance Planning & Informatics and Medical Director oversee the review and monitoring process covering performance, integrated governance and risk management.

The Executive Director of Nursing and User Experience

The Executive Director of Nursing & User Experience is responsible for advising Trust Board and Chief Executive on all issues relating to nursing and midwifery policy, statutory and regulatory requirements professional practice and workforce requirements. They are responsible for providing professional leadership and for ensuring high standards of nursing and patient/client experience in all aspects of service delivery within the Trust. They have specific responsibility for the development and delivery of services relating to patient flow, tissue viability, volunteers and chaplains. They have specific responsibility, through the Chief Executive, for the development and delivery of high quality non-clinical support services to patients and clients in both hospital and community, and holds professional responsibility for all AHPs. They have lead responsibility for infection prevention and control with other Directors to ensure patient safety. The Trust is a designated body in respect of revalidation and Director of Nursing and User Experience will lead and support the process for nursing and midwifery revalidation and have executive responsibility in this regard.

The Director of Social Work/Children's Community Services – Lead Director for Governance in Social Services

The Director of Social Work/Children's Community Services is responsible for ensuring the effective discharge of statutory functions across all Service Sectors and the establishment of organisational arrangements and structures to facilitate same. They are required to report directly to Trust Board on the discharge of these functions, including the presentation of the annual Statutory Functions Report and six-monthly Corporate Parenting reports.

The Director of Social Work/Children's Community Services provides professional leadership to and is responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social work and social care workforce.

The Director of Performance, Planning and Informatics

The Director of Performance, Planning and Informatics is accountable to the Chief Executive for ensuring that a performance and accountability framework suitable for the delivery of the Trust Delivery Plan and Corporate Management Plan is in place, and ensuring that the Trust operates sound systems of operational performance.

The Director of Performance, Planning and Informatics leads on statutory compliance for Equality. Personal and Public Involvement and GDPR.

Service Directors

The Service Directors are:-

- Director of Surgery and Specialist Services;
- Director of Specialist Hospitals and Women's Health;
- Director of Unscheduled Care & Older People's Services
- Director of Neurosciences & Imaging Services
- Director of Social Work / Children's Community Services;
- Director of Adult Social & Primary Care

The Service Directors are responsible for ensuring that within their area of responsibility, staff are aware of and comply with the process of sound governance. Each Directorate will establish a Directorate Assurance Committee and develop systems and structures to support the various governance strategies, policies and procedures and ensure these are audited and monitored. Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management and the assurance framework, the Service Directors agree with the Chief Executive and the Director of Performance, Planning and Informatics, the objectives and targets for their Directorate, based upon the management plan agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and Directorate performance reviews.

The Directorates are supported and facilitated to meet their governance requirements by their dedicated governance leads and the risk and governance staff of the Medical Director's office.

8. Board Reporting

It is important that key information is reported to the Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow the Board to decide on an efficient use of their resources and address the issues identified in order to improve the quality and safety of services.

The Chief Executive, Director of Finance and Estates, Medical Director, and Director of Planning, Performance and Informatics will be responsible for providing the monitoring and support for the Assurance Framework and providing an updated position on performance and governance, the effectiveness of the Trust's system of internal control; providing details of positive assurances on principal risks where controls are effective and objectives are being met; where

the organisation's achievement of its objectives is at risk through significant gaps in control; and where there are gaps in assurances about the organisation's ability to achieve its corporate objectives.

It is important for the quality and robustness of this Assurance Framework that it is evaluated by the Board annually.

Appendix A

RISK MANAGEMENT POLICY STATEMENT (INCORPORATING A DEFINITION OF ACCEPTABLE RISK)

The policy statement outlined below represents the Belfast Trust's corporate philosophy towards risk management. The purpose of this statement is to ensure that our staff and other stakeholders are aware of the Belfast Trust's responsibilities and their individual responsibilities for risk evaluation and control.

Policy Statement:

All staff and contractors must recognise that risk management is everyone's business. All staff will be actively encouraged to identify concerns about potentially harmful circumstances and to report adverse incidents, near misses and mistakes.

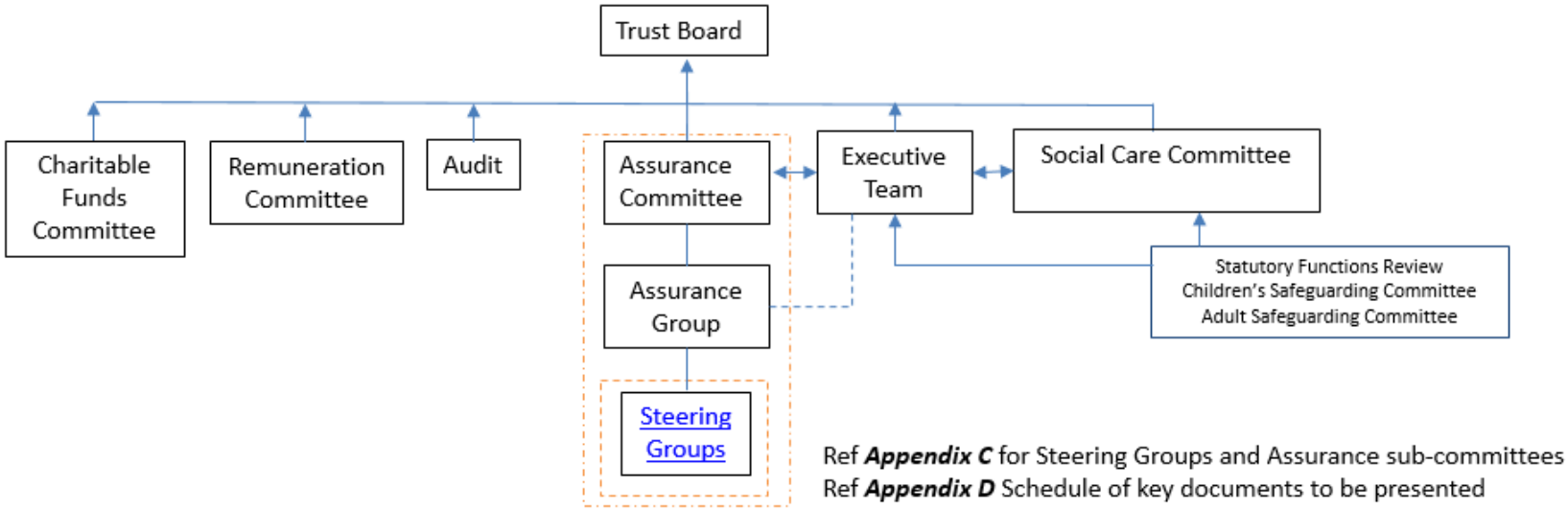
The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the risks arising through its undertakings. The Belfast Trust will achieve this by maintaining systematic processes for the evaluation and control of risk.

The Belfast Trust recognises that a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives will support this commitment. The Belfast Trust will provide a safe environment that encourages learning and development through *"an open and fair culture"*.

The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably, the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable risks through a systematic and objective process. There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service.

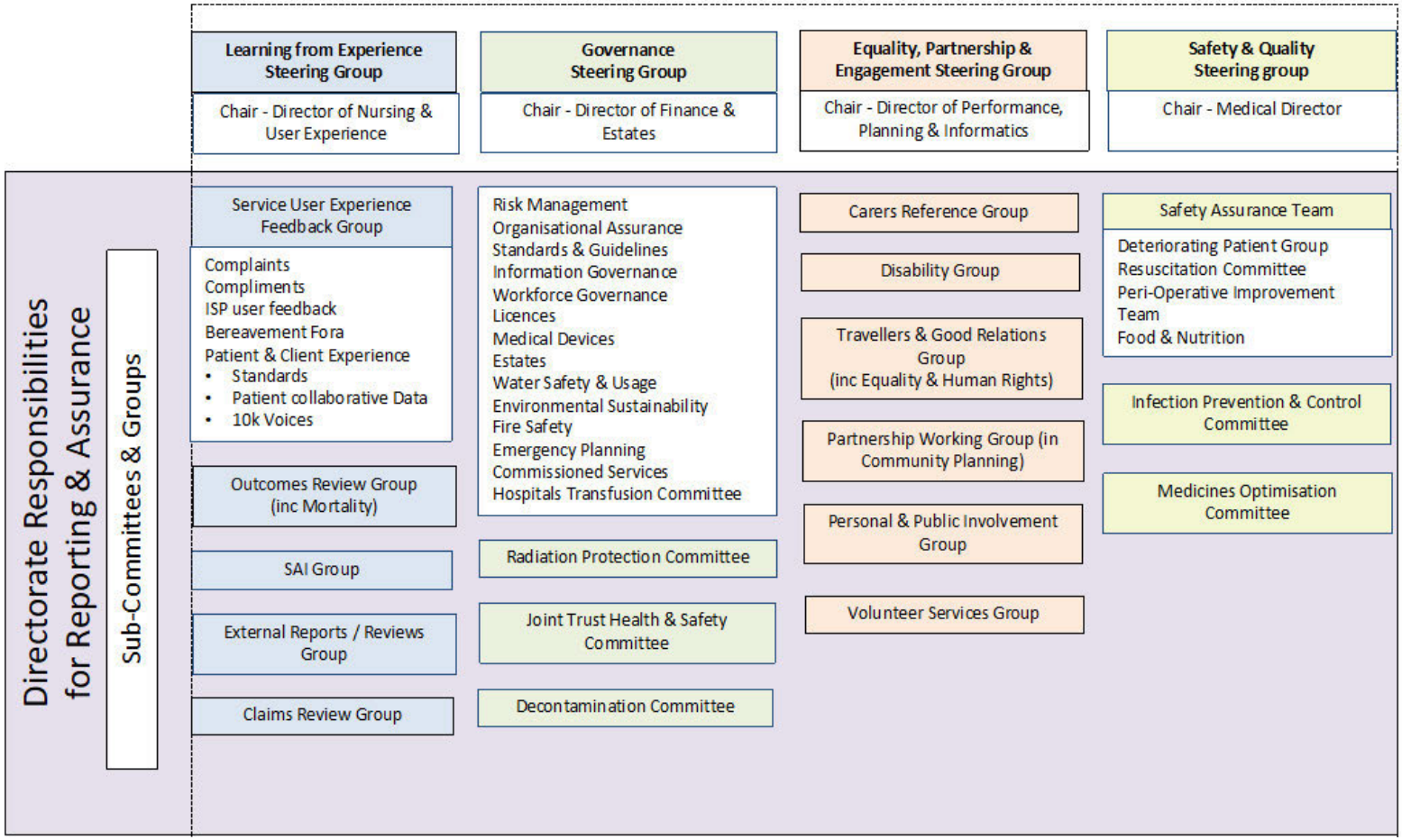
The Belfast Trust recognises that risks to its objectives may be shared with or principally owned by other individuals or organisations. The Belfast Trust will involve its service users, public representatives, contractors and other external stakeholders in the development and implementation of a risk management strategy.

Appendix B - Trust Assurance & Accountability Organisational Overview



Five Corporate Themes				
Safety, Quality & Experience	Service Delivery	Strategy	People & Culture	Resources
Key Objectives				
Deliver Quality Improvement Plan 2017-2020, linked to Experience	Drive Improvement across elective care, unscheduled and community services	Develop and deliver strategic change with partners	Implement Collective Leadership and Culture Strategy	Build Infrastructure fit for purpose

Appendix C Steering Groups and Assurance subcommittees



Appendix D Board Assurance Framework Schedule of Reports

Report	Jan	Apr	Jun	Oct	Assurance Committee	Trust Board
Assurance Framework (formally Principal Risk Document - inc Corporate Risk Register)	✓	✓	✓	✓	✓	
Service & Corporate Directorate Extreme & High-Risk Registers	✓	✓	✓	✓		
Incident & SAI Rolling Year Report	✓	✓		✓		
Incident & SAI Annual Report*			✓		✓	
Legal Services Quarterly Report	✓	✓		✓	✓	
Legal Services Annual Report			✓		✓	
Coroner's Services Quarterly Report	✓	✓		✓	✓	
Coroner's Services Annual Report			✓		✓	
Complaints Quarterly Report	✓	✓	✓	✓	✓	
Complaints Annual Report				✓	✓	
Governance Informatics Reports	✓	✓	✓	✓	✓	
Board Assurance Framework			✓		✓	
Risk Management Strategy			✓		✓	
Whistleblowing Annual Report				✓	✓	
RQIA Thematic Review Summary Report*	✓	✓	✓	✓	✓	
RQIA ASPC Regulated Inspections Report*	✓	✓	✓	✓	✓	
GMC Quarterly Report	✓	✓	✓	✓	✓	
Medical & Dental Assurance Annual Report				✓	✓	
Nursing Assurance Annual Report				✓	✓	
Health & Safety Annual Report				✓	✓	
Information Governance Annual Report				✓	✓	
Fire Safety Annual Report				✓	✓	
Water Safety Annual Report				✓	✓	
AHP Annual Report				✓	✓	
IPC Annual Report				✓	✓	
Hospitals Transfusion Committee Annual Report				✓	✓	
Standards & Guidelines Annual Report				✓	✓	
ISP Acute Annual Report			✓		✓	
ISP Community Annual Report			✓		✓	
Mater Trustee Meeting Minutes		✓		✓	✓	
Annual Quality Report (Corporate Comms)						✓
Emergency Planning Annual Report						✓
Corporate Parenting Report						✓
Statutory Functions Report						✓
RESW Annual Report						✓
Adoption Services Annual Report						✓
Residential Children's Annual Report						✓
Clinical Ethics Annual Report	✓					✓
Organ Donation Annual Report			✓			✓
Research Committee Annual Report			✓			✓