Belfast Health and Social Care Trust

caring supporting improving together

INTEGRATED GOVERNANCE AND ASSURANCE FRAMEWORK

2022-2023

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1. Introduction

'Belfast Trust is at the heart of our community. Our people – patients, service users, carers and staff – are the centre of Belfast Trust. The dedication, resilience, innovation and flexibility of our staff enables our services to rise to the enormous challenges to meet the needs of our community.'

Corporate Plan 2021-2023

This Integrated Governance and Assurance Framework Document sets out the Belfast Trust's Board arrangements for integrated governance and details the organisational structure and accountability arrangements by which Trust Board's responsibilities are fulfilled. It should be read in conjunction with the Belfast Trust Risk Management Strategy 2020-2021[1] and the Trust's Corporate Management Plan 2021-2023,[2] which details the Trust vision, values, culture, priorities and its commitment's to patients, service users and staff.

As an integrated Health and Social Care Trust, Belfast Trust works in partnership with our community to deliver regional, local, emergency and elective services to older people, children and families, to those people with a learning disability, physical disability and mental health conditions.

Our service users need to be confident about the quality of care they receive. They want services that are readily accessible, are safe and are provided by competent and confident staff who will always work in their best interests. As a Trust, we provide and are accountable for the delivery of high quality, safe and compassionate care in an environment of openness and transparency.

We are committed to embedding all learning from many sources and in doing so improving the quality of care provided. We recognise the powerful contribution that theming and identifying trends in complaints can have and as a learning organisation, we prioritise the learning from this, across the organisation. It is the Trusts aim, that all staff will recognise that a complaint can be an 'early warning' to failings in treatment and care, and as such we prioritise that all staff, from ward to board respond positively to any concerns raised, take immediate action to resolve, escalate (where required) and learn.

Increased scrutiny has raised issues of concern with some of the treatment and care delivered by the Belfast Trust. This has undoubtedly affected the confidence and trust of our service users; which we as The Belfast Trust are committed to restore. We are committed to implementing and incorporating the learning from all sources of inquiry (eg Hyponatremia related deaths[3], Neurology Inquiry, the 2020 Muckamore Leadership and Governance review[4] and the pending Muckamore Inquiry), complaint/NIPSO investigations, SAI reviews etc., alongside to being committed to the implementation of all new guidance issued e.g. Duty of Candour.

[1] BHSCT Risk Management Strategy 2020-2021
[2] BHSCT Corporate Plan 2021-2023
[3] Home | Inquiry Into Hyponatraemia-related Deaths (ihrdni.org)
[4] A Review of Leadership & Governance at Muckamore Abbey Hospital (health-ni.gov.uk)

We recognise that this needs to happen within an environment of increased scrutiny, hard financial realities and an increased pace of change. Our commitment to improve and learn will be underpinned by our values of working together, excellence, openness & honesty and compassion, to work collaboratively with all stakeholders to achieve and sustain improvements. We accept that greater scrutiny is required, especially in services where due to vulnerability; patients are unable to speak for themselves and alert us to poor care.

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

Trust Board is accountable for ensuring it has effective systems in place for governance, essential for the achievements of its organisational objectives and in line with the objectives set by Ministers. To ensure we provide the Right Care at the Right Time and in the Right Place, we will be measuring and reporting on our achievements and progress against a number of key metrics within a Quality Management System

Trust Board, is required to have in place, integrated governance structures and arrangements that will lead to good governance and to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical, social care, information and research governance aspects. This will better enable Trust Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, social care, quality, safety and financial objectives.

Integrated Governance was defined by the NHS Confederation as 'systems and processes by which Trusts lead, direct and control their function in order to achieve organisational objectives, safety and quality of services and through which they relate to patients, the wider community and partner organisations.' [5]

This Framework identifies Belfast Trust integrated governance and assurance arrangements, describing how Trust Board's responsibilities are fulfilled.

1.1 Aim of the Integrated Governance and Board Assurance Framework

The aim of this Framework is to ensure that there is a common understanding throughout the Trust of what is meant by assurance and its importance in a well-functioning organisation.

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

It can be utilised by Trust Board as a:

[5] 2016 (Oct) The New Integrated Governance Handbook 2016: developing governance between organisations

- Strategic but comprehensive method for the effective and focused management of the strategic risks to meeting the Trust Objectives;
- Structure for the evidence to support the Annual Governance Statement;
- Method of aggregated board reporting and the prioritisation of action plans which, in turn, allows for more effective performance management;
- Document, to help inform decision making and prioritisation of work relating to the delivery of strategic objectives.

In addition, the Board Assurance Framework Risk Document (formally principal risk document) identifies potential risks to the achievement of organisational objectives, 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 Trust 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.

The Directors of the Belfast HSC Trust have:

- Defined Corporate objectives/Priorities[6];
- Identified strategic 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;

On an ongoing basis, Trust 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 Strategic Risks.

[6] BHSCT Corporate Plan 2021-2023

2. Strategic Context

The Programme for Government (PfG) Framework sets out the major outcomes that the Northern Ireland Executive wants to achieve for Northern Ireland society.[7] By setting clear priorities, the PfG Framework informs the targeting of funds. The Trust reflects these priorities and strategic outcomes in their own strategic directions and sets them out in their Corporate Plans.

In order to produce 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.

Prior to the Covid19 pandemic the DoH Commissioning Directions and the HSCB/PHA annual Commissioning Plan were in place to 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 formed an action plan for the HSC.

As a result of the COVID19 pandemic, for 2020/21 the DoH advised that the Commissioning Plan Direction (CPD) and Commissioning Plan (CP) were rolled forward. A similar approach was adopted in relation to Trust Delivery Plans, which were formally replaced by three monthly Rebuild Plans, in line with the approach set out in the Minister's Framework for Rebuilding HSC Services. These include Trust plans for Service delivery and priorities, in response to service pressures resulting from the Covid19 pandemic.

Rebuild plans have been submitted for review by DoH and Rebuild Management Board on a regular basis.

The Trust Corporate Management Plan (2021-2023) has been developed and affirms the Trust Vision and Values, and sets out a two-year commitment for Trust services with identified outcomes.

[7] https://www.executiveoffice-ni.gov.uk/topics/making-government-work/programme-governmentoutcomes-delivery-plan

3. Objective/Priority Setting/Performance Management

The two year Trust Corporate Management Plan (2021-2023) allows us to remain alert in the planning and delivery of our services as we respond to the changing needs of our patients and service users and whilst we start to engage on the development of our next Corporate Plan 2023-2028.[8]

This two-year plan is three-fold:

- To recognise the impact of COVID 19 and the last 18 months on our patients and staff.
- To map out the key priorities to address the impact on all our services.
- To highlight our regional role within the wider HSC system.

The Corporate Management Plan (2021-2023) has identified six priorities which are:

- *New Model of Care for Older People - We are committed to ensuring the specific needs of older people are considered in everything we do.*
- *Urgent and Emergency Care - We are committed to providing timely urgent and emergency care for patients.*
- *Time Critical Surgery - We recognise the impact of Covid on those who are waiting for surgery.*
- *Outpatient Modernisation - We are committed to modernising our outpatient services to enable patients and service users to receive the right care in the right place at the right time.*
- *Vulnerable Groups in our Population - We are committed to improving and promoting the wellbeing of vulnerable people.*
- *Seeking real time feedback from our patients and staff - We are committed to listening to you and changing the way we work for the better.*

These organisational priorities are cascaded to Directorate, Division and Service Areas, where more detailed targets and actions are set in order to support or help meet the Trust's overall aims and objectives.

The Divisional Management Plans support the delivery of the priorities within the context of the overall regional direction and are reflected in local team objectives. The Accountability Process is designed to enable team ownership of the Trust's priorities.

The priorities 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.

[8] BHSCT Corporate Plan 2021-2023

The pandemic has significantly affected all our services and the way in which we worked. As such, it is important to remain agile and flexible in how we plan and deliver our services, responding to the changing needs of our population and the possibility of further COVID-19 surges.

To ensure we provide the Right Care at the Right Time and in the Right Place, we will be measuring and reporting on our achievements and progress against a number of key metrics within a Quality Management System (QMS). The 6 key parameters within the QMS are:

- Safety
- Experience
- Effectiveness
- Efficiency
- Timeliness
- Equity

The DoH HSC Performance Management Framework (issued June 2017)[9] 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 is currently through the DoH accountability review meetings.

The Belfast Trust is committed to embedding effective organisational performance management arrangements (in response to DOH Performance Management Framework) under the QMS 6 key quality parameters set out above. This ensures clear and robust accountability and assurance arrangements to deliver better outcomes for patients and service users.

The Belfast Trust Quality Management System (QMS) 6 key parameters:

- Enable Directors and Divisional Teams to develop and report the management information they require to enable 'sense making' of their business in a consistent, integrated framework across all Directorates;

- Integrates assessments of safety, outcomes, efficiency, access, patient and staff experience under the banner of quality;

- Instils confidence and provides reliable, transparent assurance to Trust Board, Commissioners, Department of Health (DOH), our partners and public on the effectiveness of our decision-making and progress to meeting regional and local priorities & targets; and

- Continues to satisfy the reporting requirements of the Department of Health.

- Builds and amplifies sensitivity to operations, using the Charles Vincent Model as methodology for measuring and monitoring safety both in our daily safety huddles and in regular sense making forums;

[9] HSC Performance Management Framework (issued June 2017)

This QMS model provides consistency of approach across the Trust, reducing variability and better streamlining of how we do our business. It is summarised within Appendix B, to support Directorates and to ensure a standardised Trust wide approach.

This QMS model and 6 key parameters provide the assurance for reporting at Corporate level to Trust Board on a regular basis.

Directorates and Divisions report on a regular basis to Executive Director Group using the QMS framework to provide assurance in relation to a range of metrics related to their service areas within the 6 quality parameters. Alongside the standardised minimum data set, additional agreed metrics will be included in these presentations regarding issues that are specific to individual services.

This assurance is achieved by providing data related to key indicators within the QMS reports from a range of Trust Information systems and also data from benchmarking sources (eg CHKS). The data and other relevant information presented demonstrates how the Trust is performing in relation to key assurance areas. Examples of this under the six QMS heading are below:

- Safety e.g. Mortality data / SAIs / HCAIs / Safeguarding / Audit findings / Trust performance related to recognised service standards and specialty specific clinical indicators (with Trust data benchmarked against peer were relevant)
- Experience e.g. patient/service user and staff experience scores. This includes independently assessed real time feedback.
- Effectiveness e.g. Population Health outcomes
- Efficiency e.g. Workforce indicators (sickness and absence), agency spend, vacancies, financial indicators, use of estate, Length of Stay.
- Timeliness e.g. Access to services including waiting lists across services (hospital and community), response time
- Equity e.g. Trust progress on the N.I. Equality legislative requirements / Equality impact assessments on service change and development, Equity of service in unscheduled programs of care work.

Each Directorate/Division/Team is also able to further develop relevant tailored data indicators for their areas to provide assurance related to how the service is being delivered in a safe and effective way.

3.1 Workforce Governance

The impact of the Covid-19 pandemic has brought the importance of ‘workforce capacity’ and ‘workforce wellbeing’ into sharp focus: highlighting the importance of having appropriate staffing levels and a healthy, skilled and engaged workforce.

The ‘People and Culture Priorities’ set out the Human Resources and Organisational Development strategy for the Trust. As a result of extensive work undertaken to understand our ‘Culture’, the Trust has identified 4 key ‘People and Culture Priorities’:

- Workforce
- Leadership
- Recognition
- Engagement.

A People and Culture Steering Group has been established and will oversee a number of work-streams, with each Directorate developing a specific 'People and Culture plan' to address key workforce issues.

Assurance is provided by individual Directorates reporting, using QMS to the EDG. Each Directorate will be required to present on a number of Workforce metrics including:

- Vacancies
- Absence
- Turnover
- Statutory / Mandatory Training Compliance
- Appraisal rates
- Staff Engagement / Staff Experience
- Data on usage / cost of agency staff

The People and Culture Steering Group will provide a biannual report to Assurance Committee.

3.2 Service User Involvement

The Health and Social Care Act (2009) placed a statutory obligation on Health and Social Care (HSC) organisations to involve service users, carers and the public in relation to their health and social care. Personal and Public Involvement is the term used to describe the concept and practice of involving people and local communities in the planning, commissioning, delivery and evaluation of the services they receive. PPI is a central policy in the HSC drive to make services more 'person centred'.

The Belfast Trust is committed to ensuring that the statutory duty for Personal and Public Involvement (PPI) is embedded into all aspects of its business and aims to ensure that service users and carers are at the heart of everything we do**.** Involvement of service users and carers should be central to the work of all staff in order to help us shape our services to meet their needs, improve patient experience, and enable us to use our resources in ways that have the greatest impact on their health and wellbeing. The Trusts involvement strategy, "Involving You - from 'Them and Us' to 'We", outlines the Trusts vision in relation to involvement and co-production.

There are a wide range of service user and carer engagement opportunities throughout the Trust, both corporately and within clinical Directorates, which allow people to become involved in the development, improvement and evaluation of Trust services.

A good experience for every patient/service user is a key priority. We want to build on existing good practices by continuing to design our services around the needs of our patients. Patient and service user experience enables those who use our services to direct us through feedback, involvement and engagement, to provide care that is not only clinically outstanding but holistic in approach. We proactively capture the experience of our patients/service users through Real-time Patient Feedback, local patient experience surveys and Regional approaches such as 10,000 Voices and Care Opinion. The overarching aim is to translate this patient feedback into improving our services.

4. Accountability

The existing HSC performance arrangements have been in place since 2009 and outlined by four domains of accountability

- corporate control
- safety and quality
- financial control
- operational performance and service improvement

The system within which the Belfast Trust operates is of significant size, scale and complexity. As such, assurance about the rigour of control mechanisms can only be derived from the development and operation of robust systems and processes at all levels of decision making.

HSC Trusts are accountable to the DoH for the services that they provide. They will operate at arm's length from Ministers but remain accountable to the Department for the discharge of the functions set out in their founding legislation.

4.1 Accountability to the HSC

The HSC Trusts are accountable to the public for the services that they commission and provide. The HSCB was established in April 2009 by the Health and Social, Care (Reform) Act (NI) 2009 and included five Local Commissioning Groups (LCGs) coterminous with the Trusts, the Public Health Agency (PHA), a Business Service Organisation (BSO) and a Patient and Client Council (PCC).[10] From the 1st April 2022, the HCSB has formally closed and responsibility for its functions transferred to the Department of Health, as part of the wider transformation of Health and Social Care Services in NI. Former HSCB staff have transferred to work in the Strategic Planning and Performance Group (SPPG) as an integral part of the Department of Health.

Before the Covid19 pandemic, Trust Delivery Plans were the main vehicle for conveying where and by what means, performance indicators, efficiency savings and service improvements will be delivered, in response to the DoH Annual Commissioning Plan. 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 integrated governance arrangements. Accountability mechanisms include formal reporting against the achievement of service priorities and on financial performance.

In keeping with the transformation of Health and Social Care Services in NI, from the 1st April 2022, a new Integrated Care System (ICS) model was introduced, involving a Regional ICS Executive and Locality Planning Groups.

[10] https://www.legislation.gov.uk/nia/2009/1/contents

The ICS model was designed to improve partnership and collaboration between sectors and organisation's, so they can ultimately improve the health and wellbeing of the populations they serve, by delivering services in a more joined up way. The ICS model links to the N.I. Executive Outcome Delivery Plan objective to improve the health and wellbeing of the people of N. Ireland and enable the population to live long and healthy lives.

As indicated in the paper 'Future Planning Model – Integrated Care System NI (June 2021)'[11], an Integrated Care System will:

- *Put the needs of the people at the heart of planning and delivering services*
- *Ensure involvement of communities are involved in the planning of services*
- *Help people stay fit and well in the first instance by managing their own health and wellbeing*
- *Avoid unnecessary visits to hospital by delivering care within the community*
- *Support people to manage their own health and wellbeing, and empower and support staff to deliver safe and effective services*
- *Improve efficiency and optimise capacity by making the best use of available resources*

It is recognised that with the development of the Integrated Care Systems model, organisational structures will change to meet the needs of an evolving framework of care delivery within a partnership approach. This will be achieved through a process of collaborative working and shared goals. Assurances will be an important element for consideration as these models and systems develop with clear governance and accountability arrangements established.

From the wider accountability perspective, there are two broad categories of HPSS activity;

- Category one: those services identified as being needed and commissioned from Trusts. The volume and quality of which are detailed in Service and Budget Agreements between the commissioner and the providers (The format of these agreements under the new model is yet to be determined) . This category also includes statutory obligations of Trusts including delegated directed 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.

[11] Microsoft Word - Consultation document Annex A - Future Planning Model - Integrated Care System NI - ~ July 2021 (health-ni.gov.uk)

4.2 Scheme for Delegation and Direction of Social Care and Children's Functions

Delegated Directed Statutory Functions:
:
Trusts, as corporate entities, are responsible in law for the discharge of delegated directed statutory functions. The majority of these functions relate to services provided by the Trust's professional Social Work and Social Care workforce.

The Belfast Trust is directly accountable to the Department of Health (DOH) Strategic Planning and Performance Group (SPPG) through the Social Care and Children's Directorate (SCCD) for the discharge of those delegated directed statutory functions as detailed in the following circulars

- Circular (OSS) 01/2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care and Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions);

- Circular (OSS) 02/2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

- Circular (OSS) 03/2022: Role and Responsibilities of the DOH Deputy Secretary/Chief Social Work Officer, Director of Social Care and Children's Directorate, and Executive Directors of Health and Social Care Trusts for Children in Need, Children in Need of Protection and Looked After Children.

The above circulars outline the statutory duties and responsibilities of the Trust to have in place the professional oversight and governance arrangements to comply with the legislation as set out in the Establishment Order (The Health and Social Care Trusts (Establishment) (Amendment) Order (Northern Ireland) 2022 and to provide the Department of Health via the Social Care Children's Directorate any requested performance management data, monitoring and quality assurance data and reports requested.

The nature and scope of the delegated directed 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 DOH for the effective discharge of its delegated directed statutory functions as well as the quantity, quality and efficiency of the related services it provides. The DOH through the SCCD 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.

4.3 Accountability for HSC Trust Boards

Trust Board have an overarching responsibility, (primarily through its Chair, Non-Executive Directors, Chief Executive and Executive Directors) to provide strong leadership, robust oversight, to ensure and be assured that the organisation operates with openness, transparency, and candour, particularly in relation to its dealings with service users and the public.

Ensuring accountability is central to Trust Board. This has three main aspects:

- Holding the organisation to account for the delivery of the strategy;
- Being accountable for ensuring the organisation operates effectively and with openness, transparency and candour
- Seeking assurance that the systems of control are robust and reliable.

Trust Board itself, will be held to account by a wide range of stakeholders, including the Minister for Health, for the overall effectiveness and performance of the organisation that it oversees. It is therefore necessary that it assure itself, that the requisite governance systems are in place to ensure the delivery of their statutory responsibilities. .

This Integrated Governance and Assurance Framework aims to support Trust Board in the fulfilment of their statutory duties.

The DoH 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, as an identified designated body by the General Medical Council and the Nursing and Midwifery Council, will ensure that this Framework supports the effective delivery of medical and nursing/midwifery revalidation.

4.4 Accountability for Belfast Trust Employees

Everything we do in the Belfast Trust is about people and for people. The Trust Values of Working Together, Excellence, Openness and Honesty, and Compassion underpin our commitment to provide safe, effective, compassionate and person-centred care. To support this, all staff are accountable for ensuring that acceptable standards of care delivery and practice are adhered to.

As individuals, staff are accountable for their own behaviours; however, everyone has a role in ensuring that the Trust Values and Code of Conduct for HSC Employee's[12] are followed. Professional staff are also expected to follow the code of conduct for each of their own professions

The Code of Conduct for HSC Employees, identifies the values and core standards expected of all staff. It details a number of key principles that all staff must follow,

[12] Code of Conduct for HSC Employee's

alongside staff responsibilities when an individual staff member has concerns about improper conduct or poor standards. The principles expect all HSC employees to:

- *Make the care and safety of patients and clients their first concern and act to protect them from risk;*
- *Contribute to improving and protecting the health of the population as appropriate to their role;*
- *Maintain confidentiality, respecting and protecting, at all times patients/clients, service users and their families' right to confidentiality, privacy and dignity;*
- *Communicate openly and honestly to promote the health and well-being of patients/clients, service users and their families;*
- *Respect the public, patients, clients, relatives, carers, HSC employees and teams and partners in other agencies. Show commitment to working constructively as a team member by working collaboratively with all colleagues in the HSC and the wider community*
- *Be accountable and accept responsibility for their own work and be honest and act with integrity;*
- *Share responsibility for their learning and development in order to improve the quality of care to patients/ clients/service users and their families*

Trust Board expects that all staff working within the Belfast Trust, familiarise themselves with this Code and crucially, if any staff member has a concern, that an acceptable standard of care or practice is not being adhered to, that they should always raise that concern.

5. Integrated Governance

In 2006, integrated governance was defined as the 'systems, processes and behaviours by which Trusts lead and control their functions in order to achieve organisational objectives, safety and quality of services and in which they relate to service users and carers, the wider community and partner organisations'.[13]

Key to delivering these systems, processes and behaviours are the Trust's Integrated Governance arrangements clearly articulated in a framework which also encapsulates the organisation's accountability and assurance arrangements.

5.1 Integrated Governance Frameworks

The way a Trust is directed and controlled is critical to its likelihood of achieving its strategic objectives. Trust Board's role, is to provide leadership of the organisation within a framework of prudent and effective controls, which enables risk to be assessed and managed.

The key elements of any governance framework are:

- clear strategic objectives for the organisation;
- a well-organised board, focused on the achievement of these objectives and the management of related risks;
- a sensible scheme of delegation from Trust Board to the executive and subcommittees; and
- all component parts of the framework understanding their roles and responsibilities, as well of those of others, and how the pieces fit together.

The Belfast Trusts Integrated Governance and Assurance Framework arrangements outlined within this document provide details of the structure for reporting key information to Trust Board. The priorities that are contained in the Corporate Plan form the basis of the Framework. It identifies which of the Organisation's objectives are at risk because of inadequacies in the operation of the controls or where the Organisation has insufficient assurance about them. At the same time, it provides structured assurances about where risks are being effectively managed and which objectives are being delivered.

The Board Assurance Framework Risk Document and the corporate risk register detail the assurances against risk. This enables the Trust and Trust Board to make decisions on the ability to meet its strategic objectives, and to address issues identified, which includes the quality and safety of services.

Trust Board can only properly fulfil its responsibilities when it has a full grasp of the strategic 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

[13] DoH '*Integrated Governance Handbook'* 2006.

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.

Trust 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 Trust 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.

This framework will support Trust Board take the lead on, and oversee the preparation of, the Trust's Governance Statement for publication with its resource accounts each year.

5.2 Governance Statement

The governance statement sets out the Trust's system of internal controls and is signed by the Chief Executive, for inclusion in the Annual Report and Annual Accounts. The statement will include the Trust's capacity to handle risk, its risk and control framework, as well as a review of effectiveness of its internal control.

In addition to the Governance Statement, the Trust must complete a Mid-Year Assurance Statement, to be signed by the Chief Executive and submitted to the Department of Health by the end of October each year. The Mid-Year Assurance Statement enables the Accounting Officer(Chief Executive) to attest to the continuing robustness of The Trusts system of internal control, at the mid-year position and, therefore, covers the same areas as the Governance Statement at the end of the year.

The aims and purpose(s) of the governance statement and Mid-Year assurance statement include-

- Providing a comprehensive statement describing the Trusts' approach to governance, risk management and internal governance arrangements.
- Providing an account of the Trust's Integrated Governance and Assurance Framework, including their performance and effectiveness.
- Providing an opportunity for the Directors to highlight any new and ongoing significant governance issues identified during the current or previous reporting period(s).
- Detailing the measures that are in place to ensure the appropriate management and control of all public resources for which the accounting officer has overall responsibility.

- Providing evidence of compliance with departmental issued policies and procedures; designed to contribute to the overall governance, assurance and risk management processes across the HSC.

Inputs to the statement include:-

- BAF risks, associated controls & mitigations
- Internal reports of relevant integrated governance and assurance framework committees including organisational assurance statements.
- Internal audits (e.g. clinical audits etc.).
- Audit reports arising from internal audit eg: Details of controls/mitigations in place for those areas with less than satisfactory assurance provided by internal audit
- Sources of independent external (regulatory) assurance (e.g. reports from RQIA, MHRA, HTA etc.).
- Sources of independent external (non-regulatory) assurance (e.g. Quality systems ISO etc., training centre accreditation etc.).
- Divergences from internal control.
    - New in-year divergences.
    - Progress on any divergences occurring in previous years that have not yet been closed/adequately addressed.

Whilst the Chief Executive has overall responsibility for the control and management of the Trust's resources and its Governance Statement, in practice this is achieved through a scheme of delegated responsibility. Trust Directors are responsible and accountable to the Chief Executive for the control, management and overall governance for their respective Directorates including the production of specific content.

Prior to submission, the Chief Executive will also seek assurances from individual Director's around full disclosure of significant divergences.

5.3 Risk Management Framework

5.3.1 Risk Management

HSC organisations face a wide range of uncertainties and factors that may affect achievement of their objectives. This can create a positive risk (opportunities) or a negative risk (threats).

Risk management focuses on identifying threats and opportunities, while internal control helps counter threats and take advantage of opportunities. Proper risk management should help organisations make informed decisions about the level of risk that they want to take and implement appropriate internal controls that allow them to pursue their objectives.

Risk management is not the same as minimising risk. It is important to remember that being excessively cautious can be as damaging as taking unnecessary risks. Risk-taking is the basis of progress. Without it, an organisation cannot have innovation and the benefits that come from developing new procedures and

interventions or changing business practices. Boards have to carefully consider whether or not potential long-term rewards will be greater than short-term losses.

The management of risk is a key organisational responsibility. All staff must accept that the management of risk is one of their most important responsibilities.

The Belfast Trust has a Risk Management Strategy that underpins its policy on risk and explains its approach to acceptable risk.[14] (appendix A)

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

The Trust recognises that risk reduction and management can be enhanced by the effective involvement of stakeholders at an early stage of planning or making decisions about care, treatment or service development.

The Trust is committed to promoting and maintaining an open and learning culture in which the emphasis is placed on continual quality improvement, learning lessons and being open and transparent when care goes wrong. The Trust has processes in place for learning from experience, learning from adverse incidents, complaints, litigation and external reviews/inspections. This is underpinned by the Trust's Being Open Policy.

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.

5.3.2 Risk Appetite

Risk appetite is

> '*The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time*' (HMT Orange Book definition 2020)[15].

It is the role of Trust Board to decide which risks they need to reduce, which they are prepared to accept and what their tolerances are for those risks they are willing to accept.

Trust Board must make a considered choice about its risk appetite, taking account of its legal obligations, business objectives, and public expectations.

The Trust needs to know about risk appetite because:

- If the Trust does not know what it's collective appetite for risk is and the reasons for it, then this may lead to erratic or inopportune risk taking,

[14] http://intranet.belfasttrust.local/policies/Documents/Risk%20Management%20Strategy%202020-2021.pdf
[15] HMT Orange Book- Management of risk – Principles and concepts

exposing the organisation to a risk it cannot tolerate; or an overly cautious approach which may stifle growth and development;

- If Trust leaders do not know the levels of risk that are legitimate for them to take, or do not take important opportunities when they arise, then service improvements may be compromised and patient and user outcomes affected.

The Good Governance Institute (GGI) believes it helps to identify different vectors of risk appetite (money, policy, outcomes and reputation) but always to assess these in the round. To support this, GGI have developed a Risk Appetite Maturity Matrix for NHS organisations to support better risk sensitivity in decision-making.[16] (see Appendix C).

The GGI Matrix sets five levels of risk appetite for each of the risk vectors (money, policy, outcomes and reputation). There are no right answers, but the matrix allows board members to articulate their appetite and tolerances and arrive at a corporate view, taking into account the risk appetite of others and the capacity for management to communicate and deliver. Trust Board should consider each strategic objective against the matrix and agree its level of risk appetite, what it can delegate, and what additional assurance it requires. The matrix can also be used for individual initiatives and emerging problems and should help Trust Board to better manage its agenda and the level of routine reporting required.

A key part of determining risk appetite is the analysis and assessment of each risk. This needs to be done against a common set of metrics.

5.3.3 Risk Registers

The Board Assurance Framework Risk Document (BAF Risk Document) is designed to allow Trust Board to concentrate on that very limited number of top-level risks, but without restricting its freedom to maintain a watch on the full array of risks to strategic objectives.

It is essential that the Trust has robust systems in place to deal with a wide range of risks and these systems should be reviewed routinely. As risks (and the appropriate response) can change over time and depending on circumstances, the systems should include the routine monitoring of risks and procedures to raise concerns with Trust Board as quickly as possible and in line with their risk tolerances. Regular risk assessments should be carried out and information provided on ‘close calls’ and ‘near misses’ to enable Trust Board to evaluate the strength of the risk management procedures.

The management of risk at strategic, directorate and divisional levels needs to be integrated so that the levels of activity support each other. All staff should be aware of the relevance of risk to the achievement of their objectives.

Risk registers are a record of all forms of residual risks i.e. those risks which remain after treatment. It is accepted that, in order to be accurate and complete, the risk

[16] GGI Risk Appetite Maturity Matrix

register should be constantly updated to reflect new risks and changes to existing risks.

Risk registers can gather risk details from many assessment sources. As such, it is very important that the risk identification process determines the relevance and significance of such risks to corporate objectives.

The BAF Risk Document acts as high-level strategic risk identification in regard to corporate objectives, highlighting gaps in control and/or gaps in assurance process and the details of necessary action.

Strategic risks are those that represent major threats to achieving the Trust's strategic objectives or to its continued existence. Strategic risks will include key operational service failures. For example, a failure to meet key targets or provision of poor quality care would be very damaging to all trusts' strategic objectives.

These can be readily identified, but some can be much harder to identify and manage for a number of reasons:

- they can be more qualitative than operational risks, for example to do with reputation or partnership working;
- they are frequently multi-faceted and hence more complicated, deriving from a series of events that combine and cumulatively escalate; and
- they can be hard to anticipate as they can be outside the experience of board members or have not happened before.

Strategic risks are maintained in the BAF Risk Document, which ensures they are made an integral part of the risk management process. Where they affect service delivery, they should also appear in related divisional/directorate risk registers. This way, they feature in the business planning processes of divisions/directorates, whose plans reflect actions to manage strategic risks as well as their own immediate operational ones. For example, Workforce may be a strategic risk on the BAF Risk Document due to the potential impact it could have on the safe and effective delivery of services. In addition, it would be expected (in divisions/directorates where workforce challenges exist) that this risk would be on their divisional/directorate risk registers. The action plans from divisional and directorate areas would thus support the management of the risk operationally and strategically.

Directorate risk registers are comprised of a mixture of operational or corporate Risks. Corporate risks are those risks that meet the corporate risk criteria as detailed in the BHSCT Risk Management Strategy.[17] The corporate risk register is a collection of all corporate risks from directorate risk registers trust wide. It is utilised to review and support the BAF Risk Document. This provides an assurance to Trust Board as to the identification and management of the organisations strategic risks.

Being clear about the strategic risk allows Trust Board to ensure that the information they receive in board reports is pertinent to the objective. It is also a much clearer starting point for mitigation and control as well as business planning.

[17] Risk Management Strategy BHSCT (2020/2021)

Operational risks are by-products of the day-to-day running of the Trust and include a broad spectrum of risks including clinical risk, fraud risk, financial risk, legal risks arising from employment law or health and safety regulation, and risks of damage to assets or systems failures. They are the responsibility of line management and should be identified and managed by the division/directorate, and only considered by Trust Board on an exception basis, excepting situations where the Board is checking the effective implementation of Trust policy and procedures.

6. Assurance

6.1 What Assurance Means

Assurance is the bedrock of evidence that gives confidence that risk is being controlled effectively, or conversely, highlights that certain controls are ineffective or there are gaps that need to be addressed.

The word assurance is used a lot in everyday language and can mean different things to different people. It is important that everyone involved in developing, implementing and maintaining the integrated governance and assurance framework, is clear on what is meant by assurance and where assurances come from.

Figure 1: Definitions of Assurance

Assurance	Definition
Provides:	'Confidence' / 'Evidence' / 'Certainty'
To:	Directors / Non-executives / Management
That:	What needs to be happening is actually happening in practice

The Good Governance Institute defines assurance as a 'positive declaration that a thing is true'. Assurances are therefore the information and evidence provided or presented which are intended to induce confidence that a thing is true amongst those who have not witnessed it for themselves. For an individual to 'be assured', they must trust the assurance(s) they have been provided with and therefore be confident themselves that the thing is true'.[18]

Assurance draws attention to the aspects of risk management, integrated governance and systems of internal control that are functioning effectively and, just as importantly, the aspects which need to be given attention to improve them. It helps Trust Board to judge whether or not its agenda is focussing on the issues that are most significant in relation to achieving the organisation's objectives and whether best use is being made of resources.

When challenging assurance information at a Board level, the questions the Trust should continually ask are:

- Where does the assurance come from?
- How reliable is this assurance?
- What is this assurance telling me? and,
- Is the assurance proportionate to the level of risk.

[18] GGI - Building-a-Framework-for-Board-360-Governing-Body-Assurance

6.2 Assurance Mapping

Assurance mapping is a key part of developing and maintaining board assurance arrangements. It provides the Trust with an improved ability to understand and confirm that they have assurance over key controls or where control gaps exist and whether actions are in place to address these gaps. The assurance mapping process and the way of illustrating the results using a BAF Risk Document can give confidence to senior management and Trust Board that they 'really know what they think they know'.

The assurance mapping process identifies and records the key sources of assurance that inform board members of the effectiveness of how key strategic risks are managed or mitigated, the key controls and processes that are relied on to manage risks and as a result support in the achievement of the Trusts strategic objectives.

6.3 Three lines of assurance.

Assurance can come from many sources within the Trust. Understanding where this assurance comes from helps provide a clearer picture of where the Trust receives assurance and whether it has too much, is duplicated, or has none at all, and whether the coverage of assurances is set at the right level to provide confidence to Trust Board.

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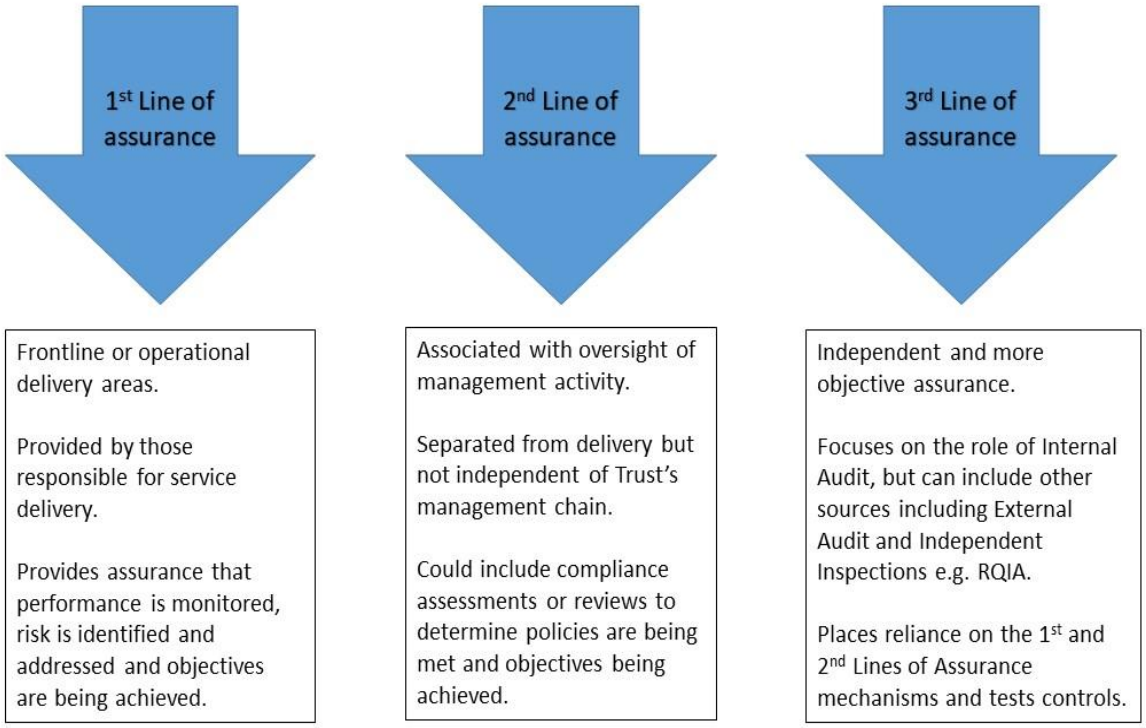
The 'three lines of assurance' approach is a model that pulls risk management and compliance into a common and robust framework. By defining the sources of assurance in three broad categories, it helps to understand how each contributes to the overall level of assurance provided and how best they can be integrated and mutually supportive.

Figure 1 The three lines of assurance model within a HSC Trust



First Line: Responsibility lies with frontline staff to understand their roles and responsibilities and to carry them out properly and thoroughly. Controls are designed into systems and processes, so, assuming the design is sound, compliance should mean the internal control environment is sound. Therefore, others within a department, preferably not frontline staff, are responsible for routinely verifying compliance with policies and procedures, both in respect of service delivery and decision-making processes. They are also responsible for providing the second line of defence with current information on key risk and control indicators.

Examples of 1st line assurance may include (but is not limited to): reviewing incident data, KPIs, risk registers, improvement work, reports on the routine system controls and other management information, review of caseloads, safety briefs, minutes of meetings, peer reviews, leadership walk rounds, self-assessments, patient/service user feedback. This assurance is at service level.

Second Line: A corporate integrated governance framework, incorporating compliance and risk management functions, which reviews the operation of the internal control framework. This is made up of assorted executive committees, which set and police policies, define work practices and oversee the operation of the first line of defence. Typically, this would be by holding them to account for the effectiveness of their risk management and compliance arrangements but, for particular high-risk matters, they would also routinely inspect for compliance with policies and procedures.

Examples of 2nd line of assurance may include (but is not limited to): Budget reports, Managerial reports, performance reports, HCAI reports, KPI, Infographics report, Committee meetings. This assurance is usually at senior management/divisional oversight level. It may also include the Executive Team and Trust Board.

Third Line: This is independent review, which is used to monitor the operation of the overall compliance, risk management system, and examine the first and second lines of defence. This is the role of internal audit but there are other sources of independent review that can be used as well. Review findings are considered, which can then ensure that the executive team is addressing identified weaknesses properly on behalf of Trust Board.

Examples of 3rd Line of assurance may include (but is not limited to): RQIA Reviews/reports, Internal/External audit reports, Professional /Regulatory bodies e.g. NISCC/Royal Colleges/accreditation

Trust, Demonstrate, Check

Trust

First line assurance involves a level **'Trust'** by line management, that operational staff are delivering services within the expected standards, policy, legislation, and that they are using regular review/local audit/data analysis, from of a variety of sources to support this trust. Divisional Senior Leadership teams will routinely use first line assurances to support their decision-making about service risks.

Demonstrate

Second Line assurance necessitates senior management to provide evidence and '**Demonstrate'** that controls and assurances are in place regarding performance, delivery of service, compliance with legislation, guidelines and policy, and that risk management systems are robust. It requires a level of internal independence from immediate line management to support what is believed to be true, as true. The metrics and information to support the position held are presented to the Executive Director Group as the agreed metrics analysed within QMS.

Check

Third line assurance requires a level of independent verification '**Check'**. This means that an external party independent to the organisation will review and confirm the position held by the Trust is accurate and where there are gaps allow for further planning and actions to be taken. The outcome of such verification is considered by both Executive Director Group and Trust Board or audit committees. Identified gaps in control and or assurance, will be monitored by Trust Board until resolved and in line with agreed risk appetite.

Example: Hand Hygiene Audits.

How a senior leadership team can Trust, Demonstrate and Check on line 1, 2 and 3 assurance

Line 1 – Trust

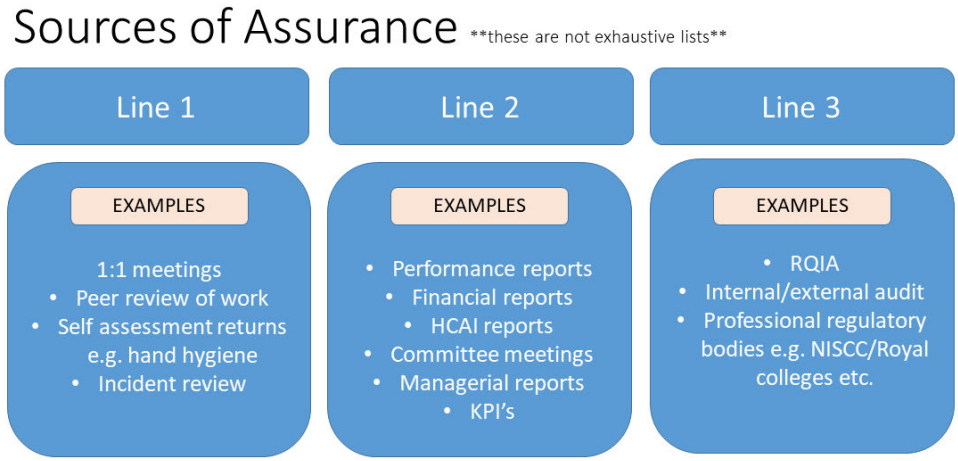
Ward managers carry out hand hygiene assessments on their ward. This self-assessment can provide 'Trust' to senior management that compliance with hand hygiene practices are within policy guidelines. Management can utilise this assurance.

Line 2 - Demonstrate

Staff external to a service area can complete independent hand hygiene audits. (These external staff are internal to the organisation e.g. Infection Prevention and Control Team) The data and assurance provided by these independent audits can be used to 'Demonstrate' to senior management that the area is compliant with policy guidance and that the line one assurance provided it true. This assurance is more robust due to its independence.

Line 3 – Check

RQIA may complete a ward hygiene inspection, encompassing hand hygiene. Their review of hand hygiene practice is independent to the organisation, and as such, senior management can utilise the results to 'check' that the Line 1 and Line 2 assurance previously provided is reliable and true. This type of assurance is the most robust assurance.



6.4 The Role of Internal and External Audit

As a 3rd Line of Assurance, internal audit provide the Belfast Trust with an independent, objective assurance about the Trust's risk management, controls, reporting and governance processes. Their main purpose is to provide the Accounting Officer (The Chief Executive) with an evaluation of the overall adequacy and effectiveness of these processes. The Chief Executive will use the Head of

Internal Audit's opinion as a key assurance element when completing the Trusts annual Governance Statement. It is one of the key elements of good governance and adds value to improve the Trusts achievement of our corporate objectives.
Internal audit plans are devised in partnership with The Trust, with each audit focused on one the corporate objectives. They do not typically include clinical audit[19].
Examples of internal audit include:

- The review of governance and operational aspects of the Trust's new Quality Management System both at a Corporate level and within the divisional structure.
- Information Governance: Review of Information Governance arrangements and processes within Trust.
- Mandatory Training: Review of establishment, management and compliance of mandatory training requirements.

While internal auditors can be used by the Belfast Trust to provide advice and other consulting assistance, external audit do not typically providing such close support to the Trust. This is because external audit are not responsible to management or the Trust, their primary responsible lies with providing assurances to the public that public resources have been safeguarded appropriately by us as an organisation.

As a 3rd line of assurance, Trust Board should utilise the independent evidence from internal and external audit when making decisions about how to manage and control opportunity and risk. Non-financial/clinical audits will be included on the assurance committee agenda.

[19] Clinical audit is a way to find out if healthcare is being provided in line with standards. It lets care providers and patients know if their service is doing well and if there could be improvements (NHS England)

7. Quality Improvement

To achieve the Trust's vision of delivering safe, effective and compassionate care, the Senior Leadership Teams identified 3 Trust wide improvement priorities:

- Right care in the right place
- Real time patient feedback
- Staff engagement

Central to the delivery of this vision, is the recognition that the Trust needs to create the conditions and culture that reflects quality and supports the requirement for continuous quality improvement and innovation. These include:

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 aligned to our corporate objectives and assurance framework;
3. Ensuring that 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.

Quality Improvement is a key component of the Trust's overall system of quality management. In September 2020, the Trust developed a Quality Management System bringing together different approaches to performance management, quality improvement, assurance and accountability processes into a single integrated system to support the delivery of this vision.

The vision of the Quality Improvement Team is *"to strengthen and embed safety and quality improvement through leadership, support and education to ensure the achievement of ambitious outcomes aligned to the Trust key priorities".*

The Trust is committed to being a 'learning organisation', one that is continually seeking to share best practice, to share learning when the care we have provided could have been better and also to proactively identify risk and to be a 'problem sensing' organisation.

The Trust continues to build a culture of improvement by engaging, inspiring and supporting the workforce to deliver improved outcomes and experience for those in our care.

8. The Assurance Framework

This Integrated Governance and Assurance Framework is the 'lens' through which Trust Board examines the assurance to discharge its duties. An important element of the Trust's Integrated Governance and Assurance Framework is the need for robust organisational arrangements at Trust, Directorate, Divisional and Service level which is tested internally through the Trust accountability arrangements.

8.1 Organisational Arrangements

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.

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

The accountability, roles and responsibilities of the Committees in respect of governance and assurance in accordance with the Terms of Reference of each of the Committees and reporting sub Committees are detailed below. The Trust's governance and assurance organisational structure is kept under constant review.

Proposed organisational arrangements for governance and assurance are set out in Appendix E & D.

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

The Audit Committee

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

The Committee's programme of work is largely dictated by Internal Audit's risk-based annual audit plans which enables Internal Audit to provide an opinion on the adequacy and effectiveness of the Trust's risk management, control and governance arrangements.

The Assurance Committee

Trust Board have a responsibility to oversee the effective implementation and management of governance and assurance within the Belfast Trust.

Assurance committee, a standing committee of Trust Board supports this by providing oversight of governance, risk management and assurance in a protected space, where risks are considered and sense making is made of assurance information. Its role is to assist Trust Board in ensuring an effective Integrated Governance and Assurance Framework is in operation for all aspects of the Trust's undertakings, other than finance.

The committee is is informed by intelligent and timely information covering the full range of health and social care information, providing a line of sight over all of our business. It is also responsible for the identification of strategic risks and significant gaps in controls/assurance for consideration by Trust Board.

It reviews and interrogates information from a variety of sources in order to ensure that decision is informed by accurate, timely and concise data, to support the delivery of the Trusts corporate objectives.

Key information sources include:

- Board Assurance Framework Risk Document - articulates each risk, its controls, gaps and assurance provided utilising the 'Three Lines of Assurance' model. It enables Trust Board to have an improved ability to understand and confirm that they have assurance over key controls or where control gaps exist and whether actions are in place to address these gaps.
- Directorate QMS Sense-making Presentations – Accountability and assurance is scrutinised through the presentation and critical analysis of key data, utilising the 6 QMS metric's, establishing individual Directorates performance in relation to key assurance areas and the identification and escalation of issues and risks.
- Steering Group Reports
- Infographic Reports
- Emerging issues

The Assurance Committee provides a second line of assurance within the Integrated Governance and Assurance Framework. It has six Steering groups, which oversee the implementation of robust assurance process across all aspects of our business. (Appendix F).

The Remuneration Committee

The Remuneration Committee (a standing committee of Trust Board) is comprised of three Non-Executive Directors. The main function of the Remuneration Committee is to provide advice and guidance to Trust 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 Trust Board) is comprised of Executive and Non-Executive Directors of Trust 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 Executive Directors Group

The Executive Directors Group (EDG) is chaired by the Chief Executive and is comprised of all Executive Directors and the Deputy Chief Executive. The purpose of the group includes provision of

- Overall strategic oversight, leadership, direction along with accountability & assurance for the organisation.
- Expert professional advice and guidance on regulatory and statutory requirements to the Chief Executive
- Expertise and advice to the Chief Executive in assisting with the provision of accountability and assurance in line with the Integrated Governance and Assurance Framework by holding directors to account for their specific services through regular and thorough review of:-
    - Regulatory compliance
    - Directorate performance
    - Quality Management System (QMS) Information

QMS presentations to the EDG, along with the Director of Planning, Performance & Informatics, are a central and critical tool in the EDG's role in seeking and providing organisational accountability and assurance.

Individual directors are responsible for the delivery of respective directorate QMS presentations to the EDG. As part of this process, the EDG will

- Seek and assess assurance from respective directorates through critical review of QMS and other relevant presentations and information
- Identify gaps in controls and assurance and, in conjunction with relevant service directors, ensure that comprehensive and robust action plans are developed, put in place, reviewed and completed.

This process provides a robust means of demonstrating organisational accountability and assurance to the Assurance Committee in line with the overall Integrated Governance and Assurance Framework

The Executive Team

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 Board Assurance Framework Risk Document, which will inform the management planning, service development and accountability review process.

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

The Executive team have implemented a Charles Vincent Safety Huddle(Appendix D) on a daily basis, at which additional members may be invited.

The Integrated Governance and Assurance Framework Steering Groups (Appendix F)

These committees report through the Assurance Committee. They are 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 Steering groups are:

- *Social Care Steering Group*
- *People and Culture Steering Group*
- *Clinical and Social Care Governance Steering Group*
- *Organisational Governance Steering Group*
- *Safety and Quality Steering Group*
- *Involvement and Experience Steering Group*

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.

Social Care Steering Group

The Social Care Steering Group acts on behalf of the Trust Board in seeking assurance from the Trust in respect of the delivery of its Delegated Directions and advising Trust Board accordingly.

The Social Care Steering Group, on behalf of Trust Board, is also responsible for reviewing relevant Annual Reports such as Annual Children's Residential Report, Annual Regional Emergency Social Work Service Report and for escalating any issues of concern arising from these reports to Trust Board.

The Social Care Steering group also has a role in ensuring that the Social Care Governance arrangements established within the Trust are robust and effective. A list of reports that are presented at the steering group is included within Appendix H

People and Culture Steering Group

The People and Culture Steering Group provides sponsorship, oversight and accountability for the Trust's People and Culture priorities and the associated work undertaken to address the 4 identified priorities areas of;

- Workforce

- Leadership
- Recognition
- Engagement

The steering group will have oversight of the key metrics that indicate progress in relation to the priority areas as described in the People and Culture Priorities 2021-2023 document.

The group will provide assurance through:

- Holding each Directorate and Division to account for having a People and Culture action plan based on relevant data and for achieving their aims.
- Providing challenge, advice and ongoing review of organisational level and divisional level People and Culture Metrics as part of the quarterly QMS reports and will provide feedback on progress to Trust Board on a biannual basis.
- Ensuring that People and Culture key risks and challenges are identified and appropriately escalated through existing assurance frameworks.

Clinical and Social Care Governance Steering Group

The Clinical and Social Care Governance steering group acts on behalf of the Assurance Committee in seeking assurance from within the Clinical and Social care arena.

The group will provide assurance through:

- The systematic and continuous review of patient outcomes across the Trust, including mortality and morbidity.
- Learning from SAI's, and that risks identified from SAI's are appropriately progressed
- The review of external reports (including social care) following inspection by statutory bodies, RQIA and NIMDTA and other external bodies, and facilitate integration of recommendations.
- Review, approval and implementation of all policies, clinical guidelines, standards and patient safety alerts.
- The systematic and continuous review of adult and children's safeguarding, to include all learning and implementation of recommendations.

Organisational Governance Steering Group

The Organisational Governance steering group acts on behalf of the Assurance Committee in seeking assurance and ensuring the effectiveness of its sub-committees.

The group will provide assurance through:

- Ensuring that the required standards are met in relation to centralised and local decontamination, in relation to reusable devices, and that risks identified are managed and appropriately progressed.
- Safeguarding the health, safety and welfare of all staff, service users, patients and visitors and that any risks identified are managed.

- Maintaining a Trust wide approach to the management of licensed and regulated activities under statutory requirements of competent authorities
- Ensuring the procurement, usage, maintenance and disposal of all medical devices and that their use/application does not create a risk to patients, staff and visitors.
- Continuous scrutiny and challenge of the organisation's Corporate Risk Register

Safety and Quality Steering Group
The Safety and Quality steering group acts on behalf of Assurance Committee in seeking assurance around the effectiveness of its sub-committees. It sets direction for safety and quality in the Trust and provides assurance that the services we deliver are safe and are constantly seeking to improve in quality.

The group will provide assurance through:

- Leading and driving improvement on Infection prevention and control initiatives.
- Establishing and maintaining a Trust strategy for Medicines Management and associated work plans.
- Driving a multi-professional culture of safety across the Trust through the promotion of trend analysis, triangulation and effective shared learning to improve patient safety and reduce risk.
- Facilitating the implementation Ionising (Radiation) and Non-ionising Radiations regulations and overseeing the development, implementation and review of the Trust Radiation Safety policy.
- promoting and monitor the safe and appropriate use of blood components and blood products.

Involvement and Experience Steering Group
The Involvement and Experience steering group acts on behalf of Assurance Committee in seeking assurance around the effectiveness of its sub-committees. It sets direction for Involvement and Experience within the Trust

The group will provide assurance through:

- Oversight, implementation and review of the Trust's framework for Personal and Public Involvement (PPI)
- Ensure a strategically consistent approach to collaborative working, through involving patients, service users, carers and communities, to improve health and wellbeing and reduce health inequalities. The Trusts Carer Network will help support this work.
- Learning from Complaints, and that risks identified from patient and service user feedback is appropriately progressed.
- The systematic and continuous review of all patient and service user feedback, to include all learning and implementation of recommendations from NIPSO, RQIA or other professional bodies.

Directorate and Divisional Governance Groups

Within the Trust, there needs to be a clear chain of delegation that cascades accountability for delivering quality performance from Trust Board to the point of care, ensuring that robust internal monitoring is undertaken enabling assurance and quality intelligence.

Individual Directors are responsibility for governance arrangements within their respective Directorates. They have established Governance Groups/Frameworks across their Directorates and Divisions to support this responsibility. Governance requirements vary from one Directorate to another depending on the nature of their work and the type of risk involved. The Directorate/Divisional Governance Groups can act as the first line of assurance in the Integrated Governance and Assurance Framework.

Directors will receive assurance by the information and reports provided at governance meetings escalated from the front line and communicated through the line management and reporting structure and will regularly monitor their own governance performance e.g. incident rates and risk register and will consider information and trends on incidents, complaints, claims, inquests, safeguarding and morbidity and mortality reviews. Directors will also get assurance by monitoring compliance on health and safety risk assessments, standards and guidelines, audits and improvement work. An example Governance Group Agenda template is provided at Appendix I.

8.2. 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, Deputy 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 Trust Board with the capacity and capability to engage effectively with stakeholders.

The Role of Trust Board

The role of Trust 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, Trust 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 Integrated Governance and Assurance Framework. They provide leadership through his/her chairmanship of Trust 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.

Assurance and accountability is enhanced through active involvement and visible leadership of Non-Executive Directors across the organisation by;

- Listening and hearing the voices of staff, service users, carers and families through a programme of regular visits and meetings.
- Taking account of major strategic changes that can impact on the organisation.
- Enabling and inspiring a safe, open and learning culture within a highly complex and demanding environment.

Non-Executive Directors are responsible for ensuring Trust 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 Trust Board and the Trust to modernise and improve services. She/he is responsible for the Statutory Duty of Quality, is responsible for ensuring that Trust Board is empowered to govern the Trust and that the objectives it sets are accomplished through effective and properly controlled executive action. Her/his responsibilities include leadership, delivery, performance management, governance and accountability to Trust 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 Deputy Chief Executive

The Deputy Chief Executive deputises for the Chief Executive as directed and leads on specific cross cutting and key projects essential to the improvement of the operational and strategic management of the Trust. The deputy also supports the Chief Executive in developing, integrating and co-ordinating the work of the Exec Team, improving accountability and effective governance and driving forward safety and improvement agendas. The role also includes ensuring directors make sense of their business and that matters are escalated appropriately.

The Role of the Executive Team Members

Executive Team members are accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility.

Collectively Executive Team members are responsible for providing the systems, processes and evidence of governance. Members are responsible for ensuring that Trust Board, as a whole, is kept appraised of progress, changes and any other issues affecting the performance and assurance framework.

The Executive Team is responsible for the (operational) management of the Trust and the delivery of its clinical & non-clinical services in a safe and effective fashion, within available resources and in compliance with regulatory and statutory standards; guidance and the requirements of good governance.

The Role of the Senior Leadership Group Members

The group is responsible for providing alignment of the Trust's strategic vision, to the plans and improvements taking place within and across Divisions.

Together they have a collective impact on service delivery, improvement and performance. They are involved in collective decision-making, bringing forward priorities, issues and opportunities to shape the Trusts Strategic direction. As a group, they provide Collective insight, ensuring that strategic discussions and decision-making are informed by the diversity of all groups across the Trust.

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 Trust Board.

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, patient safety and excluding finance. This responsibility is shared with the Director of Nursing & User Experience, Director of Social Work and the 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 Trust 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 Trust 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 accountable 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 accountable for providing professional leadership and for ensuring high standards of nursing and patient/service user 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 service users 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 Executive Director of Social Work (EDSW) – Lead Director for Governance in Social Services

The Executive Director of Social Work role is to provide strong professional leadership for social work and social care, across the full range of social care services; provided by or commissioned within the Trust for children and adults in the statutory, voluntary and private sectors, and providing assurance that satisfactory arrangements are in place for the exercise of social care and children's functions by the Trust.

The Executive Director of Social Work has professional responsibility and is accountable to the Chief Executive, for ensuring the exercise of social care and children's functions in accordance with the law, the approved Scheme for the exercise of Delegation Directions to agreed professional standards and for providing strategic advice at board level on future developments and direction.

They are responsible for seeking assurances from any other Operational Directors who have responsibility and accountability for the relevant service area that all social care and children's functions are being fulfilled to the required standard.

The Executive Director of Social Work is responsible for the managerial and professional oversight of the social care and children's functions exercised by the Belfast Trust as directed by the Department and are directly accountable to their Chief Executive Officer(CEO), who reports to the Trust Board in relation to the Trust's performance in respect of social care and children's functions.

The Executive Director of Social Work is directly accountable to the Trust CEO and Trust Board for the provision of authoritative professional advice and insights in respect of all social work and social care matters, social care and children's functions and for reporting on relevant statutory functions across a range of children's and adult services.

They are responsible for the maintenance of professional standards and all regulatory issues pertaining to the Trust's social work and social care workforce

They have responsibility for ensuring organisational arrangements across social work and social care and enable them to:

- ensure services provided are of a high quality and a focus is maintained on continuous improvement in all aspects of social work and social care service delivery.

- contribute to service improvement, positive user experiences and improving outcomes;
- be transparent about responsibilities and accountabilities.
- support effective inter-agency and partnership working.

The Executive Director of Social Work has a lead responsibility to provide a high quality of professional social work advice to ensure the Board of Directors can fulfil the function of continuous improvement effectively and efficiently.

The Role of the Director of Human Resources and Organisational Development

The Director of Human Resources and Organisational Development (HR & OD) is accountable to the Chief Executive for ensuring the Trust has in place appropriate HR systems which meet legal and statutory requirements which are based on best practice and which are in line with the Department of Health requirements and other external advisory bodies. Working closely with other Directors the Director of HR & OD will lead on the development and implementation of the Trust's People and Culture Priorities including the development of appropriate policies and procedures and will ensure the Trust Board receives the relevant information/annual reports according to Trust Board's information schedule.

The Trust's Organisational Development and Learning and Development functions fall within the remit of the Director of HR & OD. As such, the Director will work with Executive Team colleagues to ensure appropriate systems are in place to support the Trust's Organisational Development and Learning & Development requirements.

The Director of HR & OD also has responsibility for the delivery of Occupational Health Services in the Trust and to a number of external organisations.

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 accountable to the Chief Executive for effective management and overall governance in their Directorate:

- Director or Unscheduled Care
- Director of Adult Community, Older Peoples and Allied Health Professionals
- Director of Cancer and Specialist Services
- Director of Mental Health and Intellectual Disability
- Director of Trauma, Orthopaedics, Rehab Services, Maternity, Dental, ENT, Obstetrics and Sexual Health

- Director of Child Health and NISTAR & Imaging, Medical Physics and Outpatients
- Director of Children's Community Services
- Director ACCTSS and Surgery

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. To do this they lead, organise and effectively manage the Directorate, including performance development and performance management of the staff managing and providing services. Effective risk management, including escalation of risk is key to this; therefore, it is essential that they ensure Directorate wide adherence to the Risk Management Strategy.

It is important that they have an excellent understanding and insight into the day to day business with a highly developed sensitivity to operations through the Charles Vincent Model – seeking out problems and building better anticipation and preparedness to constantly improve.

To support this, Service Directors will produce regular, effective, contemporary management information, which makes sense of the service, and provides a detailed analysis for presentation to the Trusts Executive and Non-Executive Directors.

Each Directorate will:

- Establish a Directorate Assurance Committee.
- Develop Directorate and Divisional Governance Frameworks.
- Develop systems and structures to support the Trust Integrated Governance and Assurance Framework, to include escalation of risk.
- Have Integrated Governance strategies, policies and procedures and ensure these are audited and monitored.

Within Divisions, Collective Leadership Teams are responsible for ensuring that, within their area of responsibility, staff are aware of and comply with the processes for assuring sound governance.

Quality, safety and service improvement are the expected outcome to achieve improved performance overall.

As part of the Trust's arrangements for performance management, QMS and the Integrated Governance and Assurance Framework, Service Directors agree (in partnership 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 Trust 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.

Directorate objectives, corresponding management plans and governance processes must consider the patient profile of each service area. Directorates must ensure, when delivering care to vulnerable patients, unable to speak for themselves, that appropriate scrutiny and assurance arrangements in place.

The Directorates are supported and facilitated to meet their governance requirements by their dedicated Governance leads/managers, and the staff of Risk and Governance in the Medical Directorate Office. (A paper is currently in development, reviewing the Governance and Quality Managers location within the organisational structure.

9. Board Reporting

It is important that key information (including threats and opportunities to meeting the corporate objectives) is reported to Trust Board to provide structured assurances about where risks are being effectively managed and objectives are being delivered. This will allow Trust 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 Integrated Governance and Assurance Framework.

Together they have the responsibility in providing:

- An updated position on performance and governance,
  An updated position on the effectiveness of the Trust's system of internal control.
- Details of positive assurances on strategic risks where controls are effective and objectives are being met .
- Detail where the organisation's achievement of its objectives is at risk through significant gaps in control.
- Detail 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 Integrated Governance and Assurance Framework that it is evaluated by Trust 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.

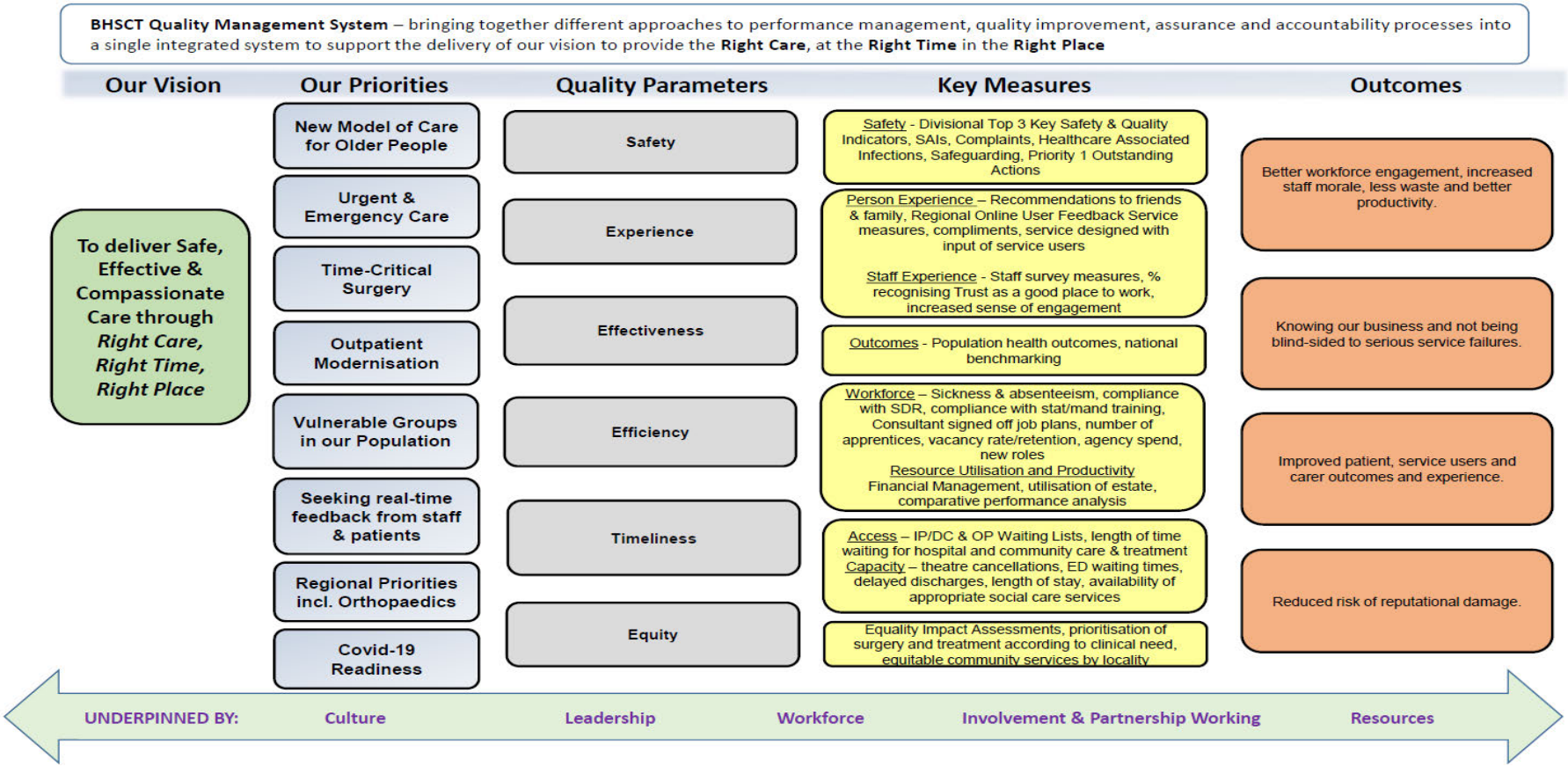
The Belfast Trust is committed to providing and safeguarding the highest standards of care for patients and service users. The Belfast Trust will do its reasonable best to protect patients and service users, staff, the public, other stakeholders and the organisation's assets and reputation, from the 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 integrated governance and assurance framework, risk management strategy, integrated with QMS and performance management, 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"*.

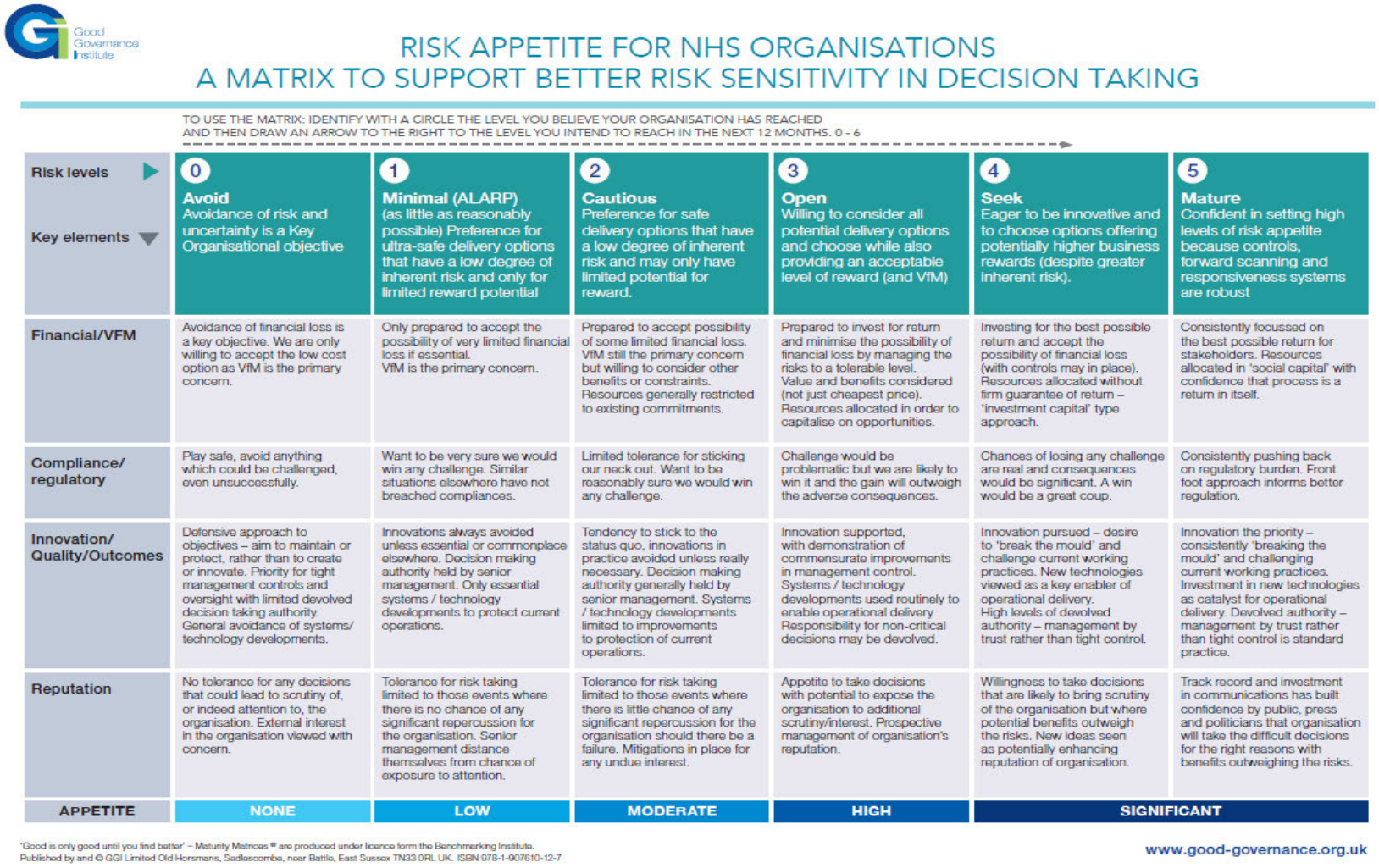
The Belfast Trust acknowledges that it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources. Inevitably, the Belfast Trust may have to set priorities for the management of risk. It will identify acceptable 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: Summary of BHSCT Quality Management System



Appendix C GGI Risk Appetite Maturity Matrix



RISK APPETITE FOR NHS ORGANISATIONS
A MATRIX TO SUPPORT BETTER RISK SENSITIVITY IN DECISION TAKING

TO USE THE MATRIX: IDENTIFY WITH A CIRCLE THE LEVEL YOU BELIEVE YOUR ORGANISATION HAS REACHED AND THEN DRAW AN ARROW TO THE RIGHT TO THE LEVEL YOU INTEND TO REACH IN THE NEXT 12 MONTHS. 0 - 6

Risk levels / Key elements	0 **Avoid** Avoidance of risk and uncertainty is a Key Organisational objective	1 **Minimal** (ALARP) (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential	2 **Cautious** Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	3 **Open** Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM)	4 **Seek** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk).	5 **Mature** Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust
Financial/VFM	Avoidance of financial loss is a key objective. We are only willing to accept the low cost option as VfM is the primary concern.	Only prepared to accept the possibility of very limited financial loss if essential. VfM is the primary concern.	Prepared to accept possibility of some limited financial loss. VfM still the primary concern but willing to consider other benefits or constraints. Resources generally restricted to existing commitments.	Prepared to invest for return and minimise the possibility of financial loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated in order to capitalise on opportunities.	Investing for the best possible return and accept the possibility of financial loss (with controls may in place). Resources allocated without firm guarantee of return – 'investment capital' type approach.	Consistently focussed on the best possible return for stakeholders. Resources allocated in 'social capital' with confidence that process is a return in itself.
Compliance/ regulatory	Play safe, avoid anything which could be challenged, even unsuccessfully.	Want to be very sure we would win any challenge. Similar situations elsewhere have not breached compliances.	Limited tolerance for sticking our neck out. Want to be reasonably sure we would win any challenge.	Challenge would be problematic but we are likely to win it and the gain will outweigh the adverse consequences.	Chances of losing any challenge are real and consequences would be significant. A win would be a great coup.	Consistently pushing back on regulatory burden. Front foot approach informs better regulation.
Innovation/ Quality/Outcomes	Defensive approach to objectives – aim to maintain or protect, rather than to create or innovate. Priority for tight management controls and oversight with limited devolved decision taking authority. General avoidance of systems/ technology developments.	Innovations always avoided unless essential or commonplace elsewhere. Decision making authority held by senior management. Only essential systems / technology developments to protect current operations.	Tendency to stick to the status quo, innovations in practice avoided unless really necessary. Decision making authority generally held by senior management. Systems / technology developments limited to improvements to protection of current operations.	Innovation supported, with demonstration of commensurate improvements in management control. Systems / technology developments used routinely to enable operational delivery Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to 'break the mould' and challenge current working practices. New technologies viewed as a key enabler of operational delivery. High levels of devolved authority – management by trust rather than tight control.	Innovation the priority – consistently 'breaking the mould' and challenging current working practices. Investment in new technologies as catalyst for operational delivery. Devolved authority – management by trust rather than tight control is standard practice.
Reputation	No tolerance for any decisions that could lead to scrutiny of, or indeed attention to, the organisation. External interest in the organisation viewed with concern.	Tolerance for risk taking limited to those events where there is no chance of any significant repercussion for the organisation. Senior management distance themselves from chance of exposure to attention.	Tolerance for risk taking limited to those events where there is little chance of any significant repercussion for the organisation should there be a failure. Mitigations in place for any undue interest.	Appetite to take decisions with potential to expose the organisation to additional scrutiny/interest. Prospective management of organisation's reputation.	Willingness to take decisions that are likely to bring scrutiny of the organisation but where potential benefits outweigh the risks. New ideas seen as potentially enhancing reputation of organisation.	Track record and investment in communications has built confidence by public, press and politicians that organisation will take the difficult decisions for the right reasons with benefits outweighing the risks.
APPETITE	NONE	LOW	MODERATE	HIGH	SIGNIFICANT	

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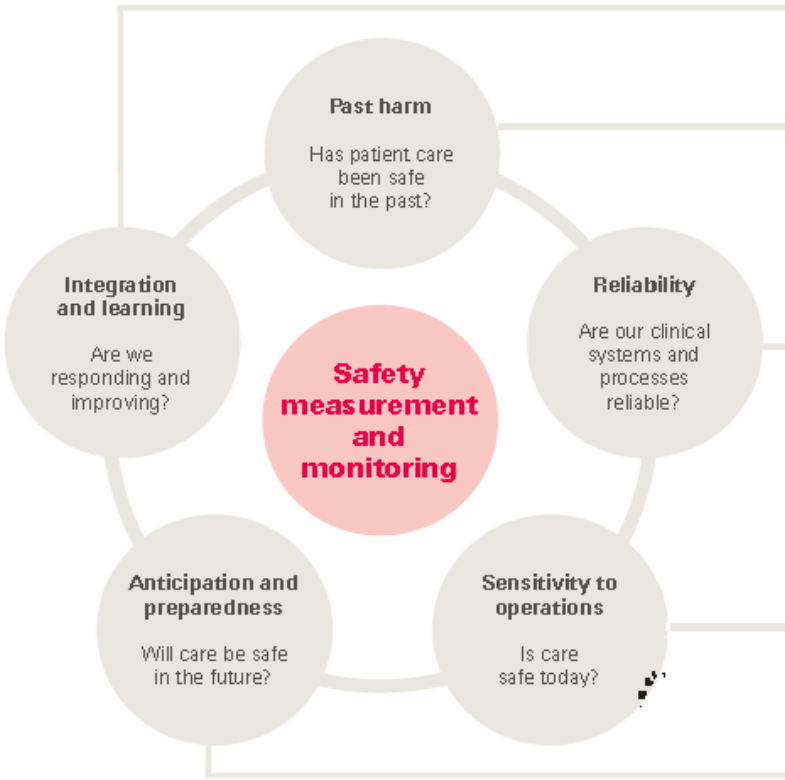
Appendix D Overview of Charles Vincent Model: The Framework for measuring and monitoring safety

Figure 2: The framework for measuring and monitoring safety – and useful prompts for using it in practice



Integration and learning prompts
- Use the analysis of incidents as a starting point to reveal the wider issues in the system
- Place more emphasis on learning, feedback and action than simply on data collection
- Integrate and tailor information to make it meaningful from the ward to the board

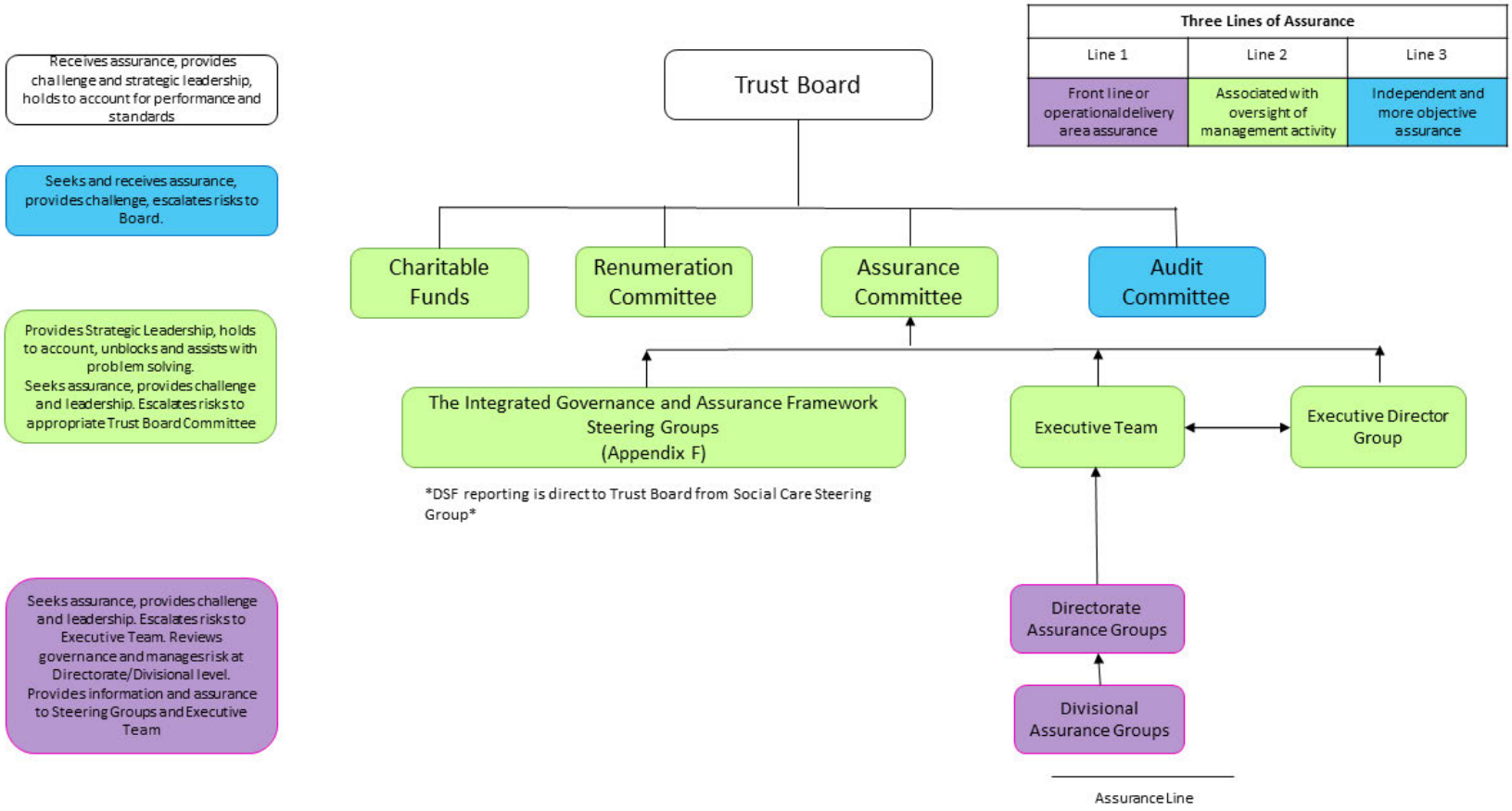
Past harm prompts
- Identify the different types of harm that can exist in your setting
- Use a range of safety measures, while understanding their strengths and limitations
- Ensure the measures are valid, reliable and specific

Reliability prompts
- Specify the level of reliability you would expect in areas of standardised practice
- Use local and national audits and initiatives to monitor reliability
- Understand what contributes to poor reliability

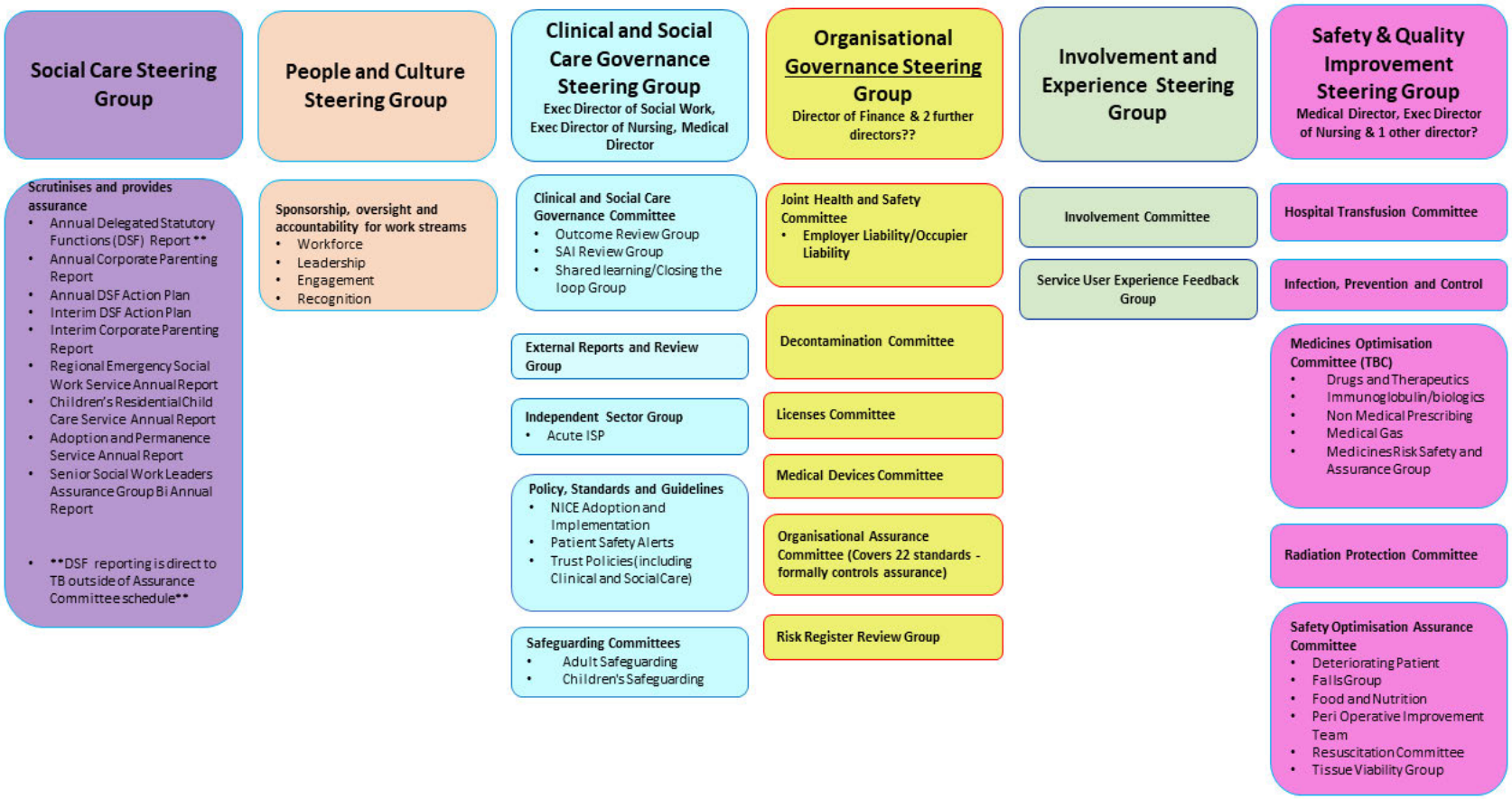
Sensitivity prompts
- Select an appropriate mix of formal and informal safety monitoring mechanisms
- Use this information to take timely action to avert safety issues
- Reflect on whether current structures and committees enable timely action to be taken

Anticipation and preparedness prompts
- Don't wait for things to go wrong before trying to improve safety
- Explore new opportunities to develop systematic ways to anticipate future risks
- Use a variety of tools and techniques to build an understanding of the factors that give rise to safety issues

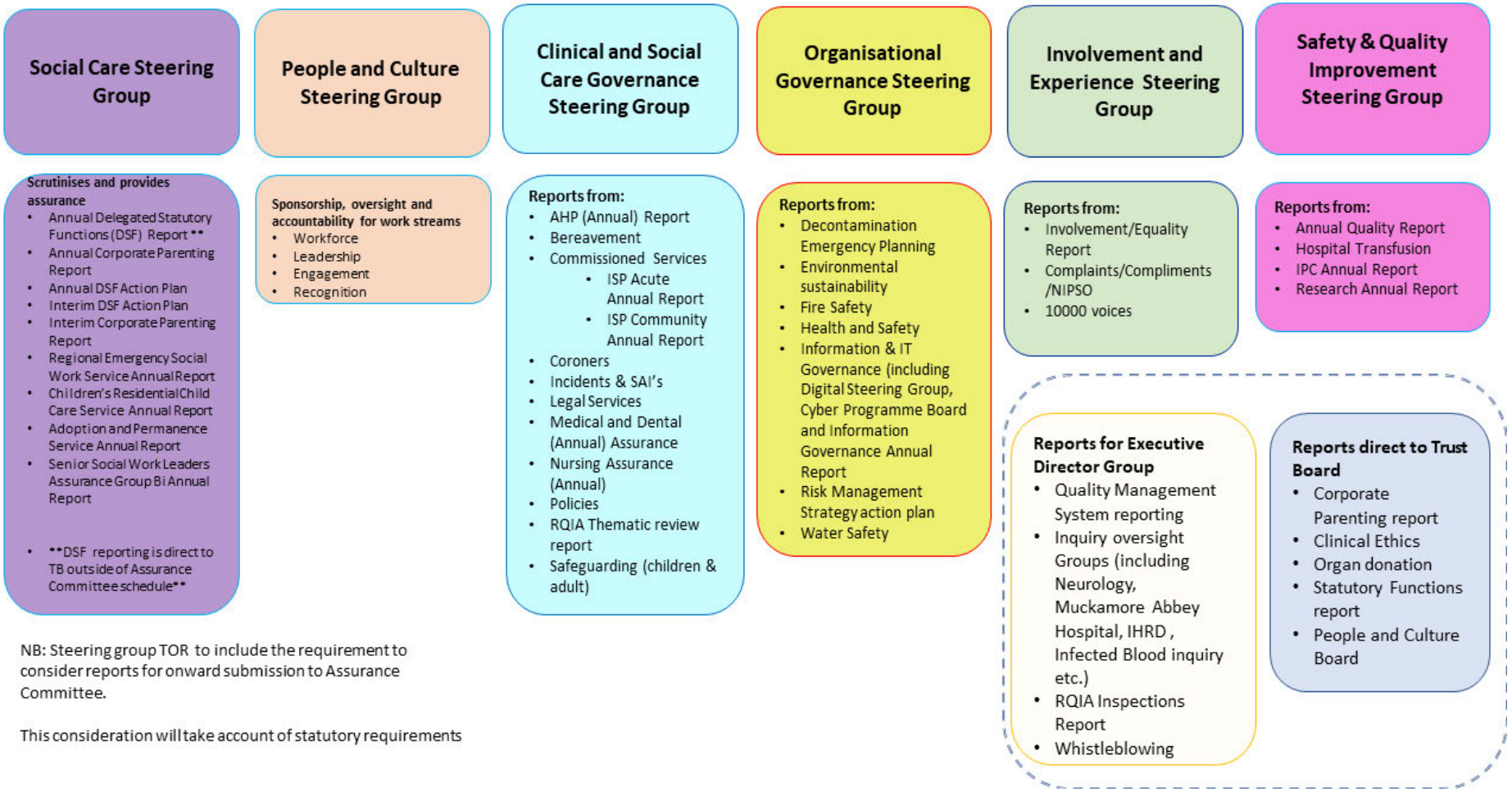
Appendix E Trust Assurance and Accountability Organisational Overview



Appendix F Steering Groups and Assurance Steering Groups and Subcommittees



Appendix G Integrated Governance and Assurance Framework Schedule of Reports



Appendix H: Reports to Social Care Steering Group

- Annual Delegated Statutory Functions (DSF) Report
- Annual Corporate Parenting Report
- Annual DSF Action Plan
- Interim DSF Action Plan
- Interim Corporate Parenting Report
- Regional Emergency Social Work Service Annual Report
- Children's Residential Child Care Service Annual Report
- Adoption and Permanence Service Annual Report
- Senior Social Work Leaders Assurance Group Bi Annual Report

Appendix I Example Agenda for a Directorate/Divisional Governance Group

HSC Belfast Health and Social Care Trust
caring supporting improving together

Directorate/Division Governance Group
Date
Venue

AGENDA

1. Apologies
2. Previous minutes
3. Maters arising
4. SAI's
5. Early Alerts
6. Incidents
7. Risk Register/New Risks
8. Policies, standards and guidelines
9. Complaints/Compliments
10. Safeguarding
11. Health and Safety
12. RQIA
13. Infection prevention control
14. Professional issues
15. Shared Learning
16. Quality Improvement
17. Statutory Functions (in directorates/divisions where relevant)
18. Directorate business matters relevant to governance
19. Any other Business
20. Date/Time of next meeting