NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 24 February 2016

Title and Author of Paper: Board Assurance Framework 2015-16
Lisa Quinn, Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Debate

Key Points to Note:

The Board Assurance Framework and Corporate Risk Register has gone through a significant review during 2015.

Presented to the Board in February is the final Board Assurance Framework and Corporate Risk Register for 2015-16. Recommendations from the Well Led review have been incorporated.

A redesigned format is presented to the Board this month, clearly identifying the Principal Risk in the BAF and remaining Corporate Risk scoring below 15.

A Risk trajectory is now included (risk on identification, residual/ current and target.

Appendices are now included for:
- Significant Assurance Audits (limited audits are shown in the main document)

Outcome required:
Review prior to Board submission

Northumberland, Tyne and Wear **NHS**

NHS Foundation Trust

Board Assurance Framework

2015-16

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

Strategic Objective:
To modernise & reform services in line with local & national strategies & the needs of individuals & communities, providing first class care in first class environments.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not develop & correctly implement service model changes.(Risk identified in Feb 2012)					
	Risk on identification (Feb 2012):	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	2	10	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1. Integrated Governance Framework 2.Programme and Project governance reporting arrangements 3.Business Case and Tender Process (PGN) 4.Commissioner involvement and scrutiny 5.Service User and Carer Network Reference Group	1. IA 1415/NTW/57 Transforming Services : Significant assurance with issues of note. 2.Independent review of governance against Well-Led Framework January 2016-Strategy and Planning-credible strategy and robust plan to deliver-Amber Green rating assessment.	1.Process re assurance to Board re delivery of Annual Plan and Strategy 2.Post Project Evaluation 3.Review of Improving Community Pathways-Benefit Realisation 4.Review of effectiveness of service user and carer engagement 5.Well Led Review Action Plan

Ref: S01.1
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To modernise & reform services in line with local & national strategies & the needs of individuals & communities, providing first class care in first class environments.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.(Risk identified IBP May 2009)	Risk on identification (May 2009):	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	2	10	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2. Stakeholder and partner matrix and reporting processes on engagement and activity 3. Business Case and Tender Process (PGN) 4. Communications Strategy 5. Requirements re public and staff consultation on service change	1.IA 1415/NTW/49 Compliance with responding to tenders and business cases. Significant assurance no issues of note. 2.Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment.	1.Process re assurance to Board re delivery of Annual Plan and Strategy, including engagement regarding proposed service change 2.Post Project Evaluation 3.Updated Communications Strategy to be agreed by Board 4.Well Led Review Action Plan

Ref: S01.2
Executive Lead: Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we have significant loss of income through competition & choice, including the possibility of losing large services & localities.(Risk identified IBP May 2009)	Risk on identification May 2009):	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	3	15	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Financial Strategy 3.Agreed contracts in place and framework for managing change 4.Customer Relationship approach, including with Commissioners 5.Marketing Strategy 6.Business Case and Tender process (PGN) 7.Horizon Scanning	1.Operational Plan 2015/16 reviewed by Monitor-no concerns 2.Annual Governance Statement and Annual Accounts subject to External Audit 3.IA 1415NTW/36 NHS and Non Healthcare Diagnostic Services Agreement-Significant Assurance, key controls testing audit	1.Updated Marketing Strategy to be agreed by Board 2.Well Led Review Action Plan

Ref: S02.1

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits: Plan 5.6 NHS Healthcare Agreements 15/16

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Principal Risk:	Risk Rating:	Impact	Liklehood	Score	Rating
That we do not manage our financial resources effectively to ensure long term financial stability (incl differential between income & inflation, impact of QIPP & the CIP.(Risk identified Feb 2012)	Risk on identification (Feb 2012):	5	3	15	**Moderate**
	Residual Risk (with current controls inplace):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	2	10	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Finance Strategy incl FDP 3.Standing Financial Instructions 4.Decision Making Framework 5.Financial and Operational Policies and Procedures 6.Quality Goals and Quality Account	1.Operational Plan 2015/16 reviewed by Monitor-no concerns 2.Internal and External Audits 3.External Audit of Annual Governance Statement,Quality Accounts,Annual Accounts 4.Going Concern Report (Audit Committee March 2015) 5.IA 1415/NTW13 Cost Improvement Programme Significant Assurance with one issue of note	1. Operational Plan 2016/17 and scrutiny by Monitor 2.Contribution to and approval of Local Health System Sustainability and Transformation Plans 3.Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies 4.Well Led Review Action Plan

Ref: S02.2

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 5.6 NHS Healthcare Agreements

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To be a model employer, an employer of choice & employer that makes the best use of the talents of the entire workforce.

Principal Risk:
That we do not effectively manage significant workforce & organisational changes, including increasing staff productivity & staff engagement.(Risk identified Feb 2012)

Risk Rating:	Impact	Likelihood	Score	Rating
Risk on identification (Feb 2012):	5	3	15	Moderate
Residual Risk (with current controls in place):	5	3	15	Moderate
Target Risk (after improved controls):	5	3	15	Moderate

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Workforce and OD Strategy 2.Integrated Governance Framework 3.Performance review monitoring and reporting incl Workforce KPis 4.Staff Survey and Friends and Family Feedback and Action Plans 5.Communications Strategy 6.Policy review process relating to systems to support the deployment of staff across services	1. See list of Significant Assurance Audits in Appendix 1. 2.Reports and assurance provided to Workforce Committee and Q and P 3.Staff Survey and Friends and Family responses 4.Operational Plan 2015/16 reviewed by Monitor-no concerns 5.Internal Audits 6.IIP Accreditation	1.Process re providing assurance to the Board re delivery of Annual Plan and Strategy 2. Operational Plan 2016/17,including workforce changes,and scrutiny by Monitor 3.Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies 4.Staff Survey 2015/16 Action Plan 5.Updated Communications Strategy to be agreed by the Board 6.Well Led Review Action Plan 7. IA 1415/NTW/20: Private Practice Complete management actions & Re-audit.

Ref: S03.1

Executive Lead: Director of Workforce & Organisation Change.

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits: Plan 10.3 Annual Review of Workforce KPIs 15/16

Strategic Objective:

To be a model employer, an employer of choice & employer that makes the best use of the talents of the entire workforce.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we are unable to recruit & retain staff in key posts.(Risk identified IBP May 2009)					
	Risk on identification (May 2009):	4	2	8	**Low**
	Residual Risk (with current controls in place):	4	4	16	**Moderate**
	Target Risk (after improved controls):	4	4	16	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Workforce and OD Strategy 2.Integrated Governance Framework 3.Recruitment and Selection Policy 4.HR Policies which support Health and Wellbeing,including Pay and Reward 5.Staff Survey and Friends and Family Feedback and Action Plans 6.Communications Strategy 7.Controls re use of Agency Staff	1.Reports and assurance provided to Workforce Committee and Q and P 2.Staff Survey and Friends and Family responses 3.IA 1415/NTW/48 Compliance with Recrutiment and Selection Policy-Significant Assurance with no issues of note	1.Development of 5 Year Trust Strategy 2016-2021 and check alignment of Workforce and OD Strategy including approach to recruitment and retention 2.Staff Survey 2015/16 Action Plan 3.Updated Communications Strategy to be agreed by the Board 4.Well Led Review Action Plan 5. Embed international recruitment

Ref: S03.3

Executive Lead: Director of Workforce & Organisation Change.

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:

Northumberland, Tyne and Wear NHS Foundation Trust

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
The risk that high quality, evidence-based & safe services will not be provided if there are difficulties in accessing services in a timely manner & that services are not sufficiently responsive to demands.(Risk identified Feb 2012)	Risk on identification (Feb 2012):	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	3	15	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Grovernance Framework 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN 3.Operational and Clinical Policies and Procedures 4.Agreed Service Specifications 5.NICE Guidance 6.Annnual Quality Account	1.Reports to Corporate Decisions Team and Q and P Committee , incl sub groups 2.External Audit of Annual Quality Account 3.Independent review of governance against Well-Led Framework January 2016-Clearly defined processes for managing performance Amber/Green rating	1. Evidencing Benefits Realised from service change 2.Well Led Review Action Plan

Ref: S05.6

Executive Lead: Director of Nursing & Operations

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That the scale of change & integration agenda across the NHS could affect the sustainability of services & Trust financial position.(Risk identified October 2015)					
	Risk on identification (October 2015):	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	4	4	16	**Moderate**
	Target Risk (after improved controls):	4	4	16	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1.Integrated Governance Framework 2.Stakeholder and partner matrix and reporting processes 3.Horizon scanning and intelligence 4.Financial Strategy	1.Reports to Board on change and integration agenda including opportunities,risks and mitigations 2.Operational Plan 2015/16 reviewed by Monitor-no concerns 3.Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment.	1.Operational Plan 2016/17 and scrutiny by Monitor 2.Contribution to and approval of Local Health System Sustainability and Transformation Plans 3.Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies 4.Well Led Review Action Plan

Ref: S05.9

Executive Lead: Chief Executive

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:

Northumberland, Tyne and Wear **NHS**

NHS Foundation Trust

Corporate Risk Register

2015-16

Strategic Objective:
To modernise & reform services in line with local & national strategies & the needs of individuals & communities, providing first class care in first class environments.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not effectively develop & manage the capital development programme, including generating capital & controlling expenditure, in order to deliver 1st class environments.	Risk on Identification	5	2	10	Low
	Residual Risk (with current controls in place):	5	2	10	Low
	Target Risk (after improved controls):	5	1	5	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2. 5 year Strategy 2014-19 & Operational Plan 3.Trust Treasury Management Policy 4.Monitoring of projects by Business Development Development Group 5.Monitoring of Capital Programme by FIBD 6.Monitoring of Asset Realisation Programme by FIBD	1.Operational Plan 2015/16 reviewed by Monitor-no concerns 2.Monthly update reports to Board and FIBD on Capital Programme 3.Update reports to FIBD on Asset Realisation Programme 4.Independent review of governance -Strategy and Planning-credible strategy and robust plan to deliver-Amber Green rating assessment 5. IA 1516NTW/32 PFI Contract Monitoring Significant assurance with issues of note	1. Develop further Post Project evaluation. 2.Well Led Review Action Plan 3.Embed Strategy Committee 4.Framework for capital scheme procurement (over £5m)-being developed and to be in place by March 2016

Ref: S01.5
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 6.1 Capital Planning and Monitoring 15/16

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To modernise & reform services in line with local & national strategies & the needs of individuals & communities, providing first class care in first class environments.

Corporate Risk:
Lack of ownership of PFI buildings. Restrictions in contract hinder ability to develop estate.

Risk Rating:	Impact	Likelihood	Score	Rating
Risk on Identification	3	4	12	Moderate
Residual Risk (with current controls in place):	3	4	12	Moderate
Target Risk (after improved controls):	0	0	0	No Risk

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.PFI Contract documentation 2.Policies and Procedures re carrying out work on PFI developments 3.Monitoring of PFI Contracts	IA 1516NTW/32 PFI Contract Monitoring Significant assurance with issues of note	1.Progress discussions regarding purchase of PFI developments

Ref: S01.6
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016
Review Comments:

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That the implementation of new national payment systems impacts on the Trust's financial stability.					
	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	5	2	10	**Low**
	Target Risk (after improved controls):	4	1	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2. Membership of national steering group. 3. Membership of RCP Outcome Development. 4. Memorandum of Understanding in place with Clinical Commissioning Groups. 5. Monitoring and reporting on Financial Plans and Strategy by FIBD 6.Monitoring and reporting on Reference Costs by FIBD	1. Quarterly review with Clinical Commissioning Groups. 2. Capita Audit Jan13 3. IA 1516NTW45 Review of Process for Reference cost data: Significant assurance with no issues of note.	1. IA costing and pricing review 2. IA Review of PBR elements of Contracting 3. Development of Risk Share agreements with Clinical Commissioning Groups

Ref: S02.3
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not follow financial procedures & processess					
	Risk on Identification	5	1	5	**Very Low**
	Residual Risk (with current controls in place):	5	1	5	**Very Low**
	Target Risk (after improved controls):	4	1	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.External and Internal Audit's Checklist of Key Controls to prevent material errors 3.Trust Fraud Policy and Response Plan	1. See list of Significant Assurance Audits in Appendix 1. 2. Annaul Governance Statement & Annual Accounts subject to external Audit 3.NHS Counter Fraud Service-Level 3 performance	1.Well Led Review Action Plan 2. IA 1415/NTW/78: Transport Policy Complete management actions identified in limited assurance audit & re-audit.

Ref: S02.6
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet compliance & Quality Standards					
	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	4	2	8	**Low**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1. Integrated Governance Framework 2.Trust Policies and Procedures 3.Compliance with NICE Guidance 4.CQC Compliance Group-review of compliance and Action Plans 5.Performance Review/Integrated Performance Report and Action Plans	1. CQC Registration 2. Mental Health Act Inspections 3. AIMS accreditation 4. External Audit of Quality Account 5. See list of Significant Assurance Audits in Appendix 1. 6.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment 7.Reports/Updates to Board sub Committees	1. CQC Comprehensive Inspection. 2. Well Led Review Action Plan

Ref: S02.7
Executive Lead: Executive Director Commissioning & Quality Assurance
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation					
	Risk on Identification	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Trust Policies and Procedures relating to relevant Acts and practice 3.Decision Making Framework 4.Review of CQC MHA Reports and monitoring of Action plans 5.Performance Review/Integrated Performance Report and Action Plans	1. See list of Significant Assurance Audits in Appendix 1. 2.CQC MHA compliance visits and completed Action Plans 3.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment 4.Reports to Board and sub Committees	1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit. 2.Well Led Review Action Plan

Ref: S02.8
Executive Lead: Medical Director
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we enter into unsound business partnership arrangements, leading to possible income loss, reputation risk and patient safety risk					
	Risk on Identification	3	2	6	**Low**
	Residual Risk (with current controls in place):	3	2	6	**Low**
	Target Risk (after improved controls):	2	2	4	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Business Case and Tender Process (PGN)- including due dilligence 3.LLP Partnership 4.Agreed contracts and sub contracts incl performance management arrangements	1.IA 1415/NTW/49 Compliance with responding to tenders and business cases. Significant assurance no issues of note.	1.Complete review of Business Case and Tender Proce 2.Well Led Review Action Plan

Ref: S02.9
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Northumberland, Tyne and Wear NHS Foundation Trust

Strategic Objective:
To be a sustainable & consistently high performing organisation.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we misreport compliance and quality standards through data quality errors. (Risk Identified Nov 2015)					
	Risk on Identification (Nov 2015)	4	2	8	**Low**
	Residual Risk (with current controls in place):	4	2	8	**Low**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Data Quality Policy 3.Data Quality Improvement Plan	1.Rolling programme of Internal Audits regarding tests of performance indicators, information governance returns and contracting indicators-significant assurance 2.Independent review of governance -Is the Board assured of the robustness of information-Amber/Green rating assessment	1.Introduce data quality kite marks to Board performance reporting 2.Well Led Review Action Plan

Ref: S02.11

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
To be a model employer, an employer of choice & employer that makes the best use of the talents of the entire workforce.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not sufficiently develop the capacity of management and clinical teams to deliver change, including embedding leadership skills across the Trust.					
	Risk on Identification	4	2	8	**Low**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Workforce and OD Strategy 3.Monitoring of Leadership and Management Programmes 4.Staff Appraisal Policy 5.Workforce KPIs	1.Monitoring implementation of Workforce and OD Strategy by Workforce Committee 2.Reporting on Workforce KPIs and Action Plans 3.Independent review of governance - 4.Capability and culture-Does the Board shape continous learning and development Amber/Green rating assessment	1.Embed Workforce Committee 2.Well Led Review Action Plan

Ref: S03.2

Executive Lead: Executive Director of Workforce & Organisational Development

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 9.6 Joint Development Review Audit 15/16

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To be a model employer, an employer of choice & employer that makes the best use of the talents of the entire workforce.

Corporate Risk: That staff have a lack of key skills and knowledge	Risk Rating:	Impact	Likelihood	Score	Rating
	Risk on Identification	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Workforce and OD Strategy 3.Staff Appraisal Policy incl training needs analysis 4.Workforce KPIs 5.Knowledge and Skills Framework 6.Medical Job Planning 7.Values based recruitment	1. IA NTW/1516/55: Performance Indicators - Significant assurance with no issues of note. 2.Monitoring implementation of Workforce and OD Strategy by Workforce Committee 3.Reporting on Workforce KPIs and Action Plans 4.NHSLA Level 1 certification (Nov 12) 5.IIP Accreditation 6.Independent review of governance - Capability and culture-Does the Board shape continous learning and development-Amber/ Green rating assessment	1. IA NTW/1415/09: Medical Job Planning Complete management actions identified in limited assurance audit & re-audit. 2.Embed Workforce Committee 3.Well Led Review Action Plan

Ref: S03.4

Executive Lead: Executive Director of Workforce & Organisational Development

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 9.6 Joint Development Review Audit 15/16:Plan 9.4 Medical Revalidation Audit 15/16:Plan 9.11 Medical Job Planning 15/16:Plan9.7 Skills and Training 2015/16

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
To be a model employer, an employer of choice & employer that makes the best use of the talents of the entire workforce.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That staff do not comply with employment legislation and follow Trust HR policies and management guidance.					
	Risk on Identification	5	2	10	**Low**
	Residual Risk (with current controls in place):	5	1	5	**Very Low**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1.Integrated Governance Framework 2.Workforce and OD Strategy 3.Trust Workforce Policies and PGNs 4.Workforce KPIs 5.Training in Trust Workforce Policies and PGNs 6.Contract with Capsticks re HR support	1. See list of Significant Assurance Audits in Appendix 1. 2.Monitoring implementation of Workforce and OD Strategy by Workforce Committee 3.Reporting on Workforce KPIs and Action Plans 4.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment 5.Reports to Board and sub Committees	1.Embed Workforce Committee 2.Well Led Review Action Plan

Ref: S03.5

Executive Lead: Executive Director of Workforce & Organisational Development

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan9.7 Skills and Training 2015/16:Plan 9.5 :Plan 3.14 Openness and Honesty 15/16:Plan 3.14 Raising Concerns15/16:Plan 9.9 Monitoring of Absences 15/16

Strategic Objective:
Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not deliver effective Trust-wide communication and involvement.					
	Risk on Identification	3	3	9	Low
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	4	2	8	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Communications Strategy 3.Communication methods-Bulletin, Conversations,Speak Easy,Visits 4.Staff Partnership Agreement and Engagement 5.Staff Survey and Friends and Family	1.Feedback to Corporate Decisions Team and Board and Action Plans 2.Staff Survey and Friends and Family Action Plans 3.Feedback from Staff Side and Action Plans 4.IIP 5.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment	1.Updated Communications Strategy to be agreed by the Board 2.Staff Survey 2015/16 Action Plan 3.Well Led Review Action Plan

Ref: S04.1
Executive Lead: Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not effectively communicate with and involve service users and carers.					
	Risk on Identification	4	2	8	**Low**
	Residual Risk (with current controls in place):	4	2	8	**Low**
	Target Risk (after improved controls):	4	1	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1.Integrated Governance Framework 2.Service User and Carer Reference Group 3.Monitoring standards of Carers Charter 4.Patient and Carer feedback mechanisms 5.Carers satisfaction Survey 6.Value based recruitment 7.Communication Strategy 8. Consultation processes	1.Reports to Board and sub Committees on activity,feedback and Action Plans 2.Reports to Board on consultation processes and feedback 3.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment	1.Review of efectiveness of service user and carer engagement and involvement 2.Updated Communications Strategy to be agreed by Board 3.Well Led Review Action Plan

Ref: S04.2
Executive Lead: Executive Director of Nursing & Operations
Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 3.26 Patient Experience 15/16

Strategic Objective:
Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work.

Corporate Risk: That we do not effectively communicate with and involve our Council of Governors and Foundation Trust members.	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
	Risk on Identification	4	2	8	Low
	Residual Risk (with current controls in place):	3	2	6	Low
	Target Risk (after improved controls):	3	1	3	Very Low

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1,Integrated Governance Framework 2.Monitor Code of Governance 3.Trust Constitution 4.Council of Governor Meetings,Engagement Sessions,sub Committees ,involvement in Board sub Committees and FT Newsletter 5.Communications Strategy 6.Membership Strategy	1.Operational Plan 2015/16 scrutiny by Monitor - no concerns 2.Council of Governor Surveys and Action Plans 3.Council of Governor minutes reviewed by Board 4.Involvement of Council of Governors in Well Led Review-incl Focus Group 5.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment	1.Well Led Review Action Plan 2.Updated Communications Strategy to be agreed by the Board

Ref: S04.3
Executive Lead: Chief Executive
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk: That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust.	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	4	2	8	**Low**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1.Integrated Governance Framework 2.Trust Policies and Procedures 3.Reporting and monitoring of complaints, litigation,CLIPS,incidents etc 4.National Reports on Quality and Safety 5.Health and Safety Inspections 6.Trust Programme of Service and PLACE visits 7.CQC Compliance Group 8.Business Continuity Plans 9.Quality Goals and Quality Account	1. See list of Significant Assurance Audits in Appendix 1. 2.Safety Report to Board Sub Committee and Board 3.Performance reports to Q and P 3.Health and Safety,PLACE,service visit and CQC Action Plans 4.Clinical Audits and Action Plans 5.External Audit of Quality Account	1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & Re-audit. 2.Well Led Review Action Plan 3.CQC comprehensive inspection

Ref: S05.1

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 3.28 Clinical Supervision 15/16:

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	5	2	10	**Low**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk)**
1.Integrated Governance Framework 2.Trust Policies and Procedures 3.Reporting and monitoring of complaints, litigation,CLIPS,incidents etc 4.National Reports on Quality and Safety 5.Health and Safety Inspections 6.Trust Programme of Service and PLACE visits 7.CQC Compliance Group 8.Business Continuity Plans 9.Quality Goals and Accounts	1. IA 1415/NTW/15: Maintenance repairs and improvements - Significant assurance with issues of note. 2.Safety Report to Board Sub Committee and Board 3.Performance reports to Q and P 4.Health and Safety,PLACE,service visit and CQC Action Plans 5.Clinical Audits and Action Plans 6.External Audit of Quality Account	1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & re-audit. 2.Well Led Review Action Plan 3.CQC comprehensive inspection

Ref: S05.2

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are risks to the safety of service users and others if clinical policies and procedures are not accessible, with effective processes in place to ensure that they are implemented.					
	Risk on Identification	5	2	10	**Low**
	Residual Risk (with current controls in place):	5	2	10	**Low**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Trust Policy-Development and Management of Procedural Documents NTW(0)01 3.Trust Policy Bulletin 4.Trust Policy Files on Intranet 5.Communications Strategy 6.CQC Compliance Group	1.Trust wide Policy Work Plan and monitoring of of the Work Plan 2.Rolling programme of audits regarding implementation of policies and Action Plans	1.Well Led Review Action Plan 2.Updated Communications Strategy to be agreed by the Board 3.CQC comprehensive inspection

Ref: S05.5

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 3.28 Clinical Supervision 15/16

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
The risk that high quality, evidence-based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance.					
	Risk on Identification	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):			0	

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Clinical Effectiveness Strategy 3.Research and Development Strategy 3.Trust NICE Guidance Implementation Policy 4.Trust Clinical Audit Policy 5.Clinical Effectiveness Committee	1.Rolling programme of audits including clinical audits and Action Plans 2.NICE Guidance implementation updates to Corporate Decisions Team 3.Annual Research and Development Report to Board 4.Clinical Audit process linked to BAF	1.Well Led Review Action Plan 2.CQC comprehensive inspection

Ref: S05.7

Executive Lead: Executive Medical Director

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 3.25 NICE 15/16:Plan 3.16 Research and Development 15/16

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.					
	Risk on Identification	4	3	12	
	Residual Risk (with current controls in place):	4	2	8	Low
	Target Risk (after improved controls):	4	2	8	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Agreed contracts in place and framework for managing change 4.Customer Relationships approach 5.Horizon Scanning	1.IA 1415NTW/36 NHS and Non Healthcare Diagnostic Services Agreement-Significant Assurance with no issues of note 2.Contract monitoring and contract change reporting process to CDT and FIBD 3.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment	1.Well Led Review Action Plan

Ref: S05.8

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: February 2016

Review Comments: Ongoing and Planned Audits:Plan 5.7 NHS and Non Healthcare Diagnostic Services Agreement15/16

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:
Provide high quality evidence based & safe services supported by effective integrated governance arrangements.

Corporate Risk: That we do not have effective governance arrangements in place.	Risk Rating:	Impact	Likelihood	Score	Rating
	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Independent review of governance-Well Led Framework-Report Jan 2016 2.Decision Making Framework 3.Board Assurance Frramework	1.Independent review of governance-Well Led Framework Action Plan 2.External Audit of Annual Governance Statement 3.Annual Review of Terms of Reference and effectiveness of key Committees	1.Well Led Review Action Plan

Ref: S05.10
Executive Lead: Executive Director of Commissioning & Quality Assurance
Last Updated/Reviewed: February 2016
Review Comments:

Strategic Objective:
Improve clinical and management decision making through the provision and development of effective information.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not further develop integrated information systems across partner organisations.					
	Risk on Identification	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	3	4	12	**Moderate**
	Target Risk (after improved controls):	3	4	12	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.IMT Strategy 3.Trust Information Sharing Policy 4.Local partnership agreements and contracts/ sub contracts incl information sharing across organisational boundaries 5.Caldicott Health Information Group 6.Customer Relationship Approach incl Locality links	1.Informatics Highlight Report to FIBD 2.Locality and Partnership updates to CDT 3.External Audit of Annual Governance Statement	1.Audit of information sharing agreements

Ref: S06.3
Executive Lead: Executive Director of Commissioning & Quality Assurance
Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
Improve clinical and management decision making through the provision and development of effective information.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.					
	Risk on Identification	5	2	10	Low
	Residual Risk (with current controls in place):	4	2	8	Low
	Target Risk (after improved controls):	4	2	8	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Trust Policies and Procedures 3.Caldicott and Health Information Group 4.Information Governance Toolkit 5.Mandatory training for staff	1. See list of Significant Assurance Audits in Appendix 1. 2.Reports to Sub Committees of the Board and Action Plans 3.External Audit of Annual Governance Statement 4.Monitoring of Information Governance training levels and Action Plans 5.Information Risk Review by ICO (May 2015) and Action Plan	1.Well Led Review Action Plan

Ref: S06.4

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: February 2016

Review Comments:

Strategic Objective:
Be an influential organisation which supports and enables social inclusion.

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That the Trust fails to effectively support, promote and lobby the needs of people with mental ill health and disabilities.					
	Risk on Identification	3	3	9	Low
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	4	2	8	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk)
1.Integrated Governance Framework 2.Lead Director/Local Authority and Chief Executive 1:1s 3.Membership of national Groups 4.Customer Relationship Approach 5.Marketing Strategy 6.Communications Strategy	1.Reports on LA OSC Committees and Health and Wellbeing Boards 2.Reports on Media coverage 3.Commercial and Marketing Report to CDT and FIBD 4.Sign up to national and local initiatives eg Time to Change 5.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment	1.Updated Marketing Strategy to be agreed by the Board 2.Updated Communications Strategy to be agreed by the Board 3.Well Led Review Action Plan

Ref: S07.1

Executive Lead: Chief Executive

Last Updated/Reviewed: February 2016

Review Comments:

BAF reference	Year	Reference	Audit Title	Assurance Received	Date
S01.1	1415	1415/NTW/57	Transforming Services	Significant assurance with issues of note	15.09.2015
S01.2	1415	1415/NTW/49	Compliance with Responding to Tenders and Business Case Process PGN	Significant assurance with no issues of note	01.05.2015
S01.5	1516	NTW1516/32	PFI Contract Monitoring	Significant assurance with issues of note	25.11.2015
S02.1	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assuarnace with no issues of note	21.11.2014
S02.2	1415	`	Cost Improvement Programme	Significant assurance with one issue of note	12.11.2014
S02.3	1516	NTW1516/45	Review of Process for Initiating, Recording, Processing, Calculating and Reporting Reference Cost Data	Significant assurance with no issues of note	15.10.2015
S02.6	1415	1415/NTW/47	Non Pay Expenditure – Central Procurement Function	Significant assurance with no issues of note	02.06.2015
S02.6	1415	1415/NTW/41	Patients Monies and Belongings - Central Monitoring arrangements of ward level compliance	Significant assuarance with no issues of note	08.01.2015
S02.6	1415	1415/NTW/76	Expenses Claims	Significant assurance with issues of note	14.11.2014
S02.6	1415	1415NTW59	Non Payroll PAYE	Significant assurance with one issue of note	16.06.2015
S02.6	1415	1415/NTW/39	Financial Systems - Key controls	Significant assurance with no issues of note	25.02.2015
S02.6	1415	1415/NTW/46	Pay Expenditure	Significant assurance with no issues of note	25.02.2015
S02.6	1415	1415/NTW/61	Cashiers Function - Monkwearmouth Site	Significant assurance with no issues of note	25.06.2015
S02.6	1415	1415/NTW/80	Management of Mobile Communication Devices	Significant assurance with issues of note	25.08.2015
S02.6	1415	1415/NTW/32	Estates Process for the Ordering and Receipt of Goods, including the Tendering and Quotation Processes	Significant assuarance with no issues of note	28.01.2015
S02.6	1415	1415/NTW/33	Compliance with procedures for works undertaken / procured by Estates Department (minor works)	Significant assurance with issues of note	28.01.2015
S02.6	1415	1415/NTW/43	Financial Ledger	Significant assurance with no issues of note	29.01.2015
S02.6	1516	NTW CF 1516 04	LCFS Proactive - Compliance with the Healthcare Travel Costs Scheme	Significant assurance with issues of note	03.11.2015
S02.6	1516	NTW CF 1516 05	Follow up review - Taxi Usage	Significant assurance with issues of note	05.01.2016
S02.6	1516	NTW1516/36	Asset Management	Significant assurance with no issues of note	15.10.2015
S02.6	1516	NTW1516/44	Bank and Treasury Management	Significant assurance with no issues of note	27.01.2016
S02.7	1415	1415/NTW/34	Performance indicators - Rollling programme of testing against dimensions of data quality	Significant assurance with issues of note	19.11.2014
S02.7	1516	NTW1516/56	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality - Quarter 2	Significant assurance with no issues of note	12.01.2016
S02.7	1516	NTW/1516/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S02.7	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S02.8	1415	1415/NTW/45	Wireless Network	Significant assurance with issues of note	02.06.2015
S02.8	1415	1415/NTW/37	Mobile Device Management (MDM)	Significant assurance with issues of note	04.03.2015
S02.8	1415	1415/NTW/56	IAPTus System	Significant assurance with issues of note	05.06.2015
S02.8	1415	1415/NTW/28	RiO V7 Upgrade Project Controls	Significant assurance with issues of note	12.03.2015
S02.8	1415	1415/NTW/44	Desktop Management	Significant assurance with issues of note	19.06.2015
S02.8	1415	1415/NTW/05	BigHand Digital Dictation System	Significant assurance with issues of note	19.11.2014
S02.8	1516	NTW1516/58	Data Centres	Significant assurance with issues of note	22.09.2015
S02.8	1516	NTW1516/59	Network Testing Q2: Server Checks	Significant assurance with issues of note	22.09.2015
S02.8	1415	1415/NTW/54	Newwork Testing Q3: Server Checks	Significan assuarance with no issues of note	15.01.2015
S02.8	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015
S02.8	1415	1415/NTW/55	St Georges Park and Hopewood Park SAN and Backup Management	Significant assurance with no issues of note	02.06.2015
S02.9	1415	1415/NTW/49	Compliance with Responding to Tenders and Business Case Process PGN	Significant assurance with no issues of note	01.05.2015
S03.1	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S03.1	1516	NTW1516/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015
S03.1	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S03.1	1415	1415/NTW/14	Managing Attendance	Significant assurance with issues of note	25.09.2014
S03.3	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S03.4	1516	NTW/1516/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S03.5	1516	NTW1516/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015
S03.5	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S03.5	1415	1415/NTW/11	Managing Diversity	Reasonable assurance	13.11.2014
S03.5	1415	1415/NTW/31	Arragements for the Verification of the Registration of Healthcare Professionals	Significant assurance with issues of note	23.01.2015
S05.1	1415	1415/NTW/42	St Nicholas Park Pharmacy Processes for ordering, receipt, storage & dispensing of medicines	Significant assurance with no issues of note	14.04.2015
S05.1	1516	NTW1516/16	Compliance with the Process for the Management Reporting of Serious Incidents	Significant assurance with no issues of note	04.02.2016
S05.1	1516	NTW1516/17	Business Continuity Planning	Significant assurance with issues of note	04.02.2016
S05.1	1516	NTW1516/17	Compliance with the Central Alert Policy NTW(0)17, V02.1	Significant assurance with no issues of note	27.01.2016
S05.1	1415	1415/NTW/24	Emergency Preparedness	Significant assurance with issues of note	16.02.2015
S05.2	1415	1415/NTW/15	Maintenance repairs and improvements	Significant assurance with issues of note	27.10.2014
S05.8	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assuarnace with no issues of note	21.11.2014
S06.4	1415	1415/NTW/54	Newwork Testing Q3: Server Checks	Significan assuarance with no issues of note	15.01.2015
S06.4	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015

S06.4	1415	1415/NTW/55	St Georges Park and Hopewood Park SAN and Backup Management	Significant assurance with no issues of note	02.06.2015
S06.4	1415	1415NTW08	Confidentiality Policy	Reasonable assurance	10.09.2014
S06.4	1415	1415/NTW/53	Independent Assurance of Information Governace Return	Significant assurance with issues of note	12.03.2015
S06.4	1516	NTW1615/24	Compliance with Access to Health Records Practice Guidance Note	Significant assurance with issues of note	12.01.2016