

# **Board Assurance Framework**

**2016-17**

**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:**

That we do not develop & correctly implement service model changes.

**Risk Rating:**

Risk on identification (Feb 2012):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
5	2	10	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

1. Independent review of governance against Well-Led Framework January 2016-Strategy and Planning-credible strategy and robust plan to deliver-Amber Green rating assessment.
2. IA 1415/NTW/57 Transforming Services: Significant assurance with issues of note.
3. IA1415/NTW/49 Compliance with responding to tenders and business cases. Significant Assurance with issues of note

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Process re assurance to Board re delivery of Annual Plan and Strategy
- ii) Post Project Evaluation
- iii) Review of Improving Community Pathways-Benefit Realisation
- iv) Review of effectiveness of service user and carer engagement
- v) Well Led Review Action Plan

Ref: S01.1

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**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:**

That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.

**Risk Rating:**

Risk on identification (May 2009):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	3	12	Moderate
5	3	15	Moderate
5	2	10	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

1. Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment.
3. IA1415/NTW/49 Compliance with responding to tenders and business cases. Significant Assurance with issues of note.

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Process re assurance to Board re delivery of Annual Plan and Strategy, including engagement regarding proposed service change
- ii) Post Project Evaluation
- iii) Updated Communications Strategy to be agreed by Board
- iv) Well Led Review Action Plan

Ref: S01.2

Executive Lead: Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2. Risk increased due to external factors changing.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Principal Risk:**

That we have significant loss of income through competition & choice, including the possibility of losing large services & localities.

**Risk Rating:**

Risk on identification (May 2009):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	4	16	Moderate
5	3	15	Moderate
5	2	10	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2. Annual Governance Statement and Annual Accounts subject to External Audit
2. Operational Plan 2015/16 reviewed by Monitor-no concerns
3. IA1415NTW/36 NHS and Non Healthcare Diagnostic Services Agreement-Significant Assurance, key controls testing audit
6. IA1415/NTW/49 Compliance with responding to tenders and business cases. Significant Assurance with issues of note.

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Updated Marketing Strategy to be agreed by Board
- ii) Well Led Review Action Plan

**Ref:** S02.1

**Executive Lead:** Deputy Chief Executive

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2. The target risk remains at 15 (Moderate) as the award of services to other providers is governed by Commissioner Strategies and outwith the Trust's control.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Principal Risk:**

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 Rating:**

Risk on identification (Feb 2012):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likleyhood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
5	2	10	Low

**Controls & Mitigation (what are we currently doing about the 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 (Appendix 3)
- 6.Quality Goals and Quality Account

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2/6.Annual Governance Statement,Quality Accounts,Annual Accounts subject to External Audit
- 2.Operational Plan 2015/16 reviewed by Monitor-no concerns
- 2.Going Concern Report (Audit Committee March 2015)
- 2.IA 1415/NTW13 Cost Improvement Programme Significant Assurance with one issue of note
- 5.Internal and External Audits

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Operational Plan 2016/17 and scrutiny by Monitor
- ii)Contribution to and approval of Local Health System Sustainability and Transformation Plans
- iii)Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies
- iv)Well Led Review Action Plan

Ref: S02.2

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**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 Rating:**

Risk on identification (Feb 2012):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
5	2	10	Low

**Controls & Mitigation (what are we currently doing about the 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
- 7.Contract with Team Prevent
- 8.TED

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2.Reports and assurance provided to Workforce Groups and Q and P
- 1/2.Operational Plan 2015/16 reviewed by Monitor-no concerns
- 3.See list of Significant Assurance Audits in Appendix 1
- 4.Staff Survey and Friends and Family responses
- 4/8.IIP Accreditation
- 5.New staff engagement processes Speak Easy, Conversations etc
- 7.Health and Wellbeing Awards/Accreditation

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Process re providing assurance to the Board re delivery of Annual Plan and Strategy
- ii) Operational Plan 2016/17,including workforce changes,and scrutiny by Monitor
- iii)Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies
- iv)Staff Survey 2015/16 Action Plan
- v)Updated Communications Strategy to be agreed by the Board
- vi)Well Led Review Action Plan
- vii) IA 1415/NTW/20: Private Practice Complete management actions & Re-audit.
- viii)Job Planning and MedicalAppraisal

**Ref:** S03.1

**Executive Lead:** Director of Workforce & Organisation Change.

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

**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 are unable to recruit & retain staff in key posts.

**Risk Rating:**

Risk on identification (May 2009):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	2	8	Low
4	4	16	Moderate
4	3	12	Moderate

**Controls & Mitigation (what are we currently doing about the 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 (Appendix 3)
- 5.Staff Survey and Friends and Family Feedback and Action Plans
- 6.Communications Strategy
- 7.Controls re use of Agency Staff

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2/7.Reports and assurance provided to Workforce Groups and Q and P
- 1.Membership of key external workforce planning groups
- 3.IA 1415/NTW/48 Compliance with Recruitment and Selection Policy-Significant Assurance with issues of note
- 3.Embedded central recruitment approach
- 4.Risk map re risks for staff and pensions
- 5/6.Staff Survey and Friends and Family responses

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Development of 5 Year Trust Strategy 2016-2021 and check alignment of Workforce and OD Strategy including approach to recruitment and retention
- ii)Staff Survey 2015/16 Action Plan
- iii)Updated Communications Strategy to be agreed by the Board
- iv)Well Led Review Action Plan
- v) Embed international recruitment
- vi)Refinement of workforce planning

**Ref:** S03.3

**Executive Lead:** Director of Workforce & Organisation Change.

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2. Risk increased due to external factors changing.

**Strategic Objective:**

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

**Principal Risk:**

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 Rating:**

Risk on identification (Feb 2012):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
4	3	12	Moderate

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN
- 3.Operational and Clinical Policies and Procedures (Appendix 3)
- 4.Agreed Service Specifications
- 5.NICE Guidance
- 6.Annual Quality Account

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance against Well-Led Framework January 2016-Clearly defined processes for managing performance Amber/Green rating
- 1/2/6.External Audit of Quality Account
- 1.Operational Plan 2015/16 reviewed by Monitor-no concerns
- 2.Reports to CDT and Q and P Committee/sub gps
- 3.See list of significant assurance BAF Clinical Audits 2015/16 in Appendix 1

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Process re providing assurance to the Board re delivery of Annual Plan and Strategy
- ii) Operational Plan 2016/17 and scrutiny by Monitor
- iii) Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies
- iv) Evidencing Benefits Realised from service change
- v) Well Led Review Action Plan

Ref: S05.6

Executive Lead: Director of Nursing & Operations

Last Updated/Reviewed: April 2016

**Review Comments:**



**Strategic Objective:**

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

**Principal Risk:**

That the scale of change & integration agenda across the NHS could affect the sustainability of services & Trust financial position.

**Risk Rating:**

Risk on identification (October 2015):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	4	16	Moderate
4	3	12	Moderate

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Stakeholder and partner matrix and reporting processes
- 3.Horizon scanning and intelligence
- 4.Financial Strategy

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2.Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment.
- 1/2/3.Reports to Board on change and integration agenda including opportunities,risks and mitigations
- 4.Operational Plan 2015/16 reviewed by Monitor no concerns

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Operational Plan 2016/17 and scrutiny by Monitor
- ii)Contribution to and approval of Local Health System Sustainability and Transformation Plans
- iii)Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies
- iv)Well Led Review Action Plan

Ref: S05.9

Executive Lead: Chief Executive

Last Updated/Reviewed: April 2016

**Review Comments:**

# Corporate Risk Register

**2016-17**

**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:**

That we do not effectively develop & manage the capital development programme, including generating capital & controlling expenditure, in order to deliver 1st class environments.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	2	10	Low
5	1	5	Very Low

**Controls & Mitigation (what are we currently doing about the 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 and FIBD
5. Monitoring of Capital Programme by FIBD
6. Monitoring of Asset Realisation Programme by FIBD

**Assurances/ Evidence (how do we know we are making an impact)**

1. Independent review of governance -Strategy and Planning-credible strategy and robust plan to deliver-Amber Green rating assessment
2. Operational Plan reviewed by Monitor-no concerns
- 4/5. Update reports to FIBD and Board on Capital Programme and Projects
5. IA 1516NTW/32 PFI Contract Monitoring Significant assurance with issues of note
6. Update reports to FIBD on Asset Realisation Programme

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Develop further Post Project evaluation.
- ii) Well Led Review Action Plan
- iii) Embed Strategy Working Group
- iv) Framework for capital scheme procurement (over £5m)-being developed and to be in place

**Ref:** S01.5

**Executive Lead:** Deputy Chief Executive

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2. NB The availability of capital is out with the Trusts control

**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.

<b>Corporate Risk:</b> Lack of ownership of PFI buildings. Restrictions in contract hinder ability to develop estate.	<b>Risk Rating:</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
	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	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 2016/17)
1.PFI Contract documentation 2.Local Procedures re carrying out work on PFI developments 3.Monitoring of PFI Contracts	1.IA 1516NTW/32 PFI Contract Monitoring Significant assurance with issues of note	i)Progress discussions regarding purchase of PFI developments

Ref: S01.6

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: April 2016

**Review Comments:** The target risk is 0 as the action relates to the Trust purchasing its PFI developments therefore removing this risk.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That the implementation of new national payment systems impacts on the Trust's financial stability.

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	2	10	Low
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

4. Quarterly review with Clinical Commissioning Groups.
2. Capita Audit Jan13
6. IA 1516NTW45 Review of Process for Reference cost data: Significant assurance with no issues of note.

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) IA costing and pricing review
- ii) IA Review of PBR elements of Contracting
- iii) Development of Risk Share agreements with Clinical Commissioning Groups

Ref: S02.3

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That we do not follow financial procedures & processes

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	1	5	Very Low
5	1	5	Very Low
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

1. Annual Governance Statement & Annual Accounts subject to external Audit
2. See list of significant assurance Audits in Appendix 1
3. NHS Counter Fraud Service-Level 3 performance

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Well Led Review Action Plan
- ii) 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:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That we do not meet compliance & Quality Standards

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	2	8	Low
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

1. Integrated Governance Framework
2. Trust Policies and Procedures (Appendix 3)
3. Compliance with NICE Guidance
4. CQC Compliance Group - review of compliance and Action Plans
5. Performance Review / Integrated Performance Report and Action Plans

**Assurances/ Evidence (how do we know we are making an impact)**

1. Independent review of governance - Process and structures - clearly defined processes for escalating and resolving issues and managing performance - Amber/Green rating assessment 1/3/4/5. Reports/Updates to Board sub Committees
- 2/3/4/5. See list of significant assurance Audits including BAF Clinical Audits 2015/16 in Appendix 1
- 2/3/4. CQC MHA compliance visits and completed action plans

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) CQC Comprehensive Inspection.
- ii) Well Led Review Action Plan

**Ref:** S02.7

**Executive Lead:** Executive Director Commissioning & Quality Assurance

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	3	12	Moderate
4	2	8	Low

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Trust Policies and Procedures relating to relevant Acts and practice (Appendix 3)
- 3.Decision Making Framework
- 4.Review of CQC MHA Reports and monitoring of Action plans
- 5.Performance Review/Integrated Performance Report and Action Plans

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment  
1/4/5.Reports to Board and sub Committees
- 2.See list of significant assurance Audits in Appendix 1  
4/5.Reports to Board and sub Committees
- 2/4.CQC MHA compliance visits and completed Action Plans

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit.
- Well Led Review Action Plan

Ref: S02.8

Executive Lead: Medical Director

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.



**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That we enter into unsound business partnership arrangements, leading to possible income loss, reputation risk and patient safety risk

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
3	2	6	Low
3	2	6	Low
2	2	4	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

1. Integrated Governance Framework
2. Business Case and Tender Process (PGN)- including due diligence
3. LLP Partnership
4. Agreed contracts and sub contracts incl performance management arrangements

**Assurances/ Evidence (how do we know we are making an impact)**

2. IA 1415/NTW/49 Compliance with responding to tenders and business cases.  
Significant assurance no issues of note.

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- ii) Complete review of Business Case and Tender Process
2. Well Led Review Action Plan

Ref: S02.9

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Corporate Risk:**

That we misreport compliance and quality standards through data quality errors. (Risk Identified Nov 2015)

**Risk Rating:**

Risk on Identification (Nov 2015)

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	2	8	Low
4	2	8	Low
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Data Quality Policy
- 3.Data Quality Improvement Plan

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance -Is the Board assured of the robustness of information- Amber/Green rating assessment
- 2.Rolling programme of Internal Audits regarding tests of performance indicators, information governance returns and contracting indicators-Significant Assurance (Appendix 1)

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Introduce data quality kite marks to Board performance reporting
- ii)Well Led Review Action Plan

Ref: S02.11

**Executive Lead:** Executive Director of Commissioning & Quality Assurance

**Last Updated/Reviewed:** April 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:**

That we do not sufficiently develop the capacity of management and clinical teams to deliver change, including embedding leadership skills across the Trust.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	2	8	Low
4	3	12	Moderate
4	2	8	Low

**Controls & Mitigation (what are we currently doing about the risk)**

1. Integrated Governance Framework
2. Workforce and OD Strategy
3. Monitoring of Leadership and Management Programmes
4. Staff Appraisal Policy
5. Workforce KPIs
6. Monitoring of 3 day Management Skills
7. Training Skills Matrix

**Assurances/ Evidence (how do we know we are making an impact)**

1. Capability and culture-Does the Board shape continuous learning and development  
Amber/Green rating assessment
- 2/3/4/5/6/7. Monitoring implementation of Workforce and OD Strategy by Workforce Groups
- 2/3/4/5/6/7. Reporting of Workforce KPIs and Action Plans

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Embed Workforce Committee
- ii) Well Led Review Action Plan
- iii) Job Planning and Medical Appraisal
- iv) Collective clinical leadership programmes

**Ref:** S03.2

**Executive Lead:** Executive Director of Workforce & Organisational Development

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2. Increased risk due to transitional change to new operating model.

**Strategic Objective:**

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

<b>Corporate Risk:</b> That staff have a lack of key skills and knowledge	<b>Risk Rating:</b>		<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
	Risk on Identification		4	3	12	<b>Moderate</b>
	Residual Risk (with current controls in place):		4	3	12	<b>Moderate</b>
	Target Risk (after improved controls):		4	2	8	<b>Low</b>

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 2016/17)
1.Integrated Governance Framework 2.Workforce and OD Strategy 3.Staff Appraisal Policy incl training needs analysis 4.Workforce KPIs 5.Embedded central recruitment approach 6.Training Skills Matrix 7.Monitoring of 3 day Management Skills Programme	1.Independent review of governance - Capability and culture-Does the Board shape continous learning and development-Amber/Green rating assessment 2.Monitoring implementation of Workforce and OD Strategy by Workforce Groups 2/3/4/5/6/7.Reporting on Workforce KPIs and Action Plans 4.IANTW/1516/55 Performance Indicators-Significant Assurance with no issues of note 3/6/7 NHSLA Level 1 certification (Nov 12) 2.IIP Accreditation	i) IA NTW/1415/09: Medical Job Planning Complete management actions identified in limited assurance audit & re-audit. ii)Embed Workforce Committee iii)Well Led Review Action Plan iv)Job Planning and Medical Appraisal v)Collective clinical leadership programmes

**Ref:** S03.4

**Executive Lead:** Executive Director of Workforce & Organisational Development

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

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

<b>Corporate Risk:</b> That staff do not comply with employment legislation and follow Trust HR policies and management guidance.	<b>Risk Rating:</b>  Risk on Identification Residual Risk (with current controls in place): Target Risk (after improved controls):	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		5	2	10	Low
		5	1	5	Very Low
		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 2016/17)
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 Operational Support 7.Contract with Capsticks re HR training 8.Monitoring of 3 day Management Skills Programme	1.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment 2.Monitoring implementation of Workforce and OD Strategy by Workforce Groups 2/4/5/6/8. Reporting on Workforce KPIs and Action Plans 2/4/5/6/8.Reports to Board and Sub Comm 3.See list of significant assurance Audits Appendix 1	i)Embed Workforce Committee ii)Well Led Review Action Plan iii)Evaluation of the devolved HR model iv)Roll out of Management Skills Programme

**Ref:** S03.5

**Executive Lead:** Executive Director of Workforce & Organisational Development

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.The likelihood,after improved controls remains at 1 as thee will always be an element of risk.

**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 deliver effective Trust-wide communication and involvement.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
3	3	9	Low
3	3	9	Low
3	2	6	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment
- 2/3.Feedback to CDT and Board and Action Plans
- 2/3.IIP
- 4.Feedback from Staff Side and Action Plans
- 5.Staff Survey and Friends and Family Action Plans

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Updated Communications Strategy to be agreed by the Board
- ii)Staff Survey 2015/16 Action Plan
- iii)Well Led Review Action Plan

Ref: S04.1

Executive Lead: Chief Executive

Last Updated/Reviewed: April 2016

Review Comments: Increased risk due to transition to new operating model.

**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 service users and carers.

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	3	12	Moderate
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the 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. Values based recruitment
7. Communication Strategy
8. Consultation processes

**Assurances/ Evidence (how do we know we are making an impact)**

1. Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment 2/3/4/5/8. Reports to Board on consultation processes and feedback
2. Work on Tirangle of Care
- 2/3/5. Carers Champions
4. Quality Priority
8. Reports to Board on consultation processes

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Review of effectiveness of service user and carer engagement and involvement
- ii) Updated Communications Strategy to be agreed by Board
- iii) Well Led Review Action Plan

Ref: S04.2

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: April 2016

**Review Comments:**

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

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

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 2016/17)
<p>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 7.Service User and Carer Reference Group 8.Patient and Carer feedback mechanisms 9.Carers Champions process</p>	<p>1.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment 2.Operational Plan 2015/16-scrutiny by Monitor no concerns 3/4/5.Council of Governors Surveys and Action Plans 4.Council of Governors minutes reviewed by Board 4.COG involvement in Well Led Review 4/5/6/7/8.Review of feedback and Action Plans</p>	<p>i)Well Led Review Action Plan ii)Updated Communications Strategy to be agreed by the Board iii)Review of the effectiveness of service user and carer engagement and involvement</p>

**Ref:** S04.3

**Executive Lead:** Chief Executive

**Last Updated/Reviewed:** April 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:**  
  
Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	2	8	Low
4	0	0	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Trust Policies and Procedures (Appendix 3)
- 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

**Assurances/ Evidence (how do we know we are making an impact)**

2. See list of significant assurance Audits including including BAF Clinical Audits 2015/16 in Appendix 1
- 3.Safety Report to Board and Q and P
- 3/4/7/9.Performance reports to Q and P
- 5/6/7.Health and Safety,PLACE,service visit and CQC Action Plans
- 4.Clinical Audits and Action Plans
- 5.External Audit of Quality Account

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & Re-audit.
- ii)Well Led Review Action Plan
- iii)CQC comprehensive inspection

**Ref:** S05.1

**Executive Lead:** Executive Director of Nursing & Operations

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

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

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

<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>	<b>Assurances/ Evidence (how do we know we are making an impact)</b>	<b>Gaps in Controls (Further actions to achieve target risk 2016/17)</b>
1.Integrated Governance Framework 2.Trust Policies and Procedures(Appendix 3) 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	2. IA 1415/NTW/15: Maintenance repairs and improvements - Significant assurance with issues of note. 3.Safety Report to Board Sub Committee and Board 3/4/7/9.Performance reports to Q and P 5/6/7.Health and Safety,PLACE,service visit and CQC Action Plans 2.See list of significant assurance BAF Clinical Audits 2015/16 in Appendix 1 9.External Audit of Quality Account	i) IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & re-audit. ii)Well Led Review Action Plan iii)CQC comprehensive inspection

**Ref:** S05.2

**Executive Lead:** Executive Director of Nursing & Operations

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

**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 clinical policies and procedures are not accessible, with effective processes in place to ensure that they are implemented.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	2	10	Low
5	2	10	Low
5	1	5	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Integrated Governance Framework
- 2.Trust Policy-Development and Management of Procedural Documents NTW(0)01
- 3.Trust Policy Bulletin
- 4.Trust Policy Index and Files on Intranet
- 5.Communications Strategy
- 6.CQC Compliance Group

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/2.Trust wide Policy Work Plan and monitoring of the Work Plan
- 1/2.Rolling programme of audits regarding implementation of Policies and Action Plans including significant assurance BAF Clinical Audits 2015/16 in Appendix 1

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Well Led Review Action Plan
- ii)Updated Communications Strategy to be agreed by the Board
- iii)CQC comprehensive inspection

**Ref:** S05.5

**Executive Lead:** Executive Director of Nursing & Operations

**Last Updated/Reviewed:** April 2016

**Review Comments:**

**Strategic Objective:**

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

**Corporate Risk:**

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 Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	4	16	Moderate
4	3	12	Moderate
4	2	8	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

1. Rolling programme of audits including Significant significant assurance BAF Clinical Audits 2015/16 in Appendix 1
2. NICE Guidance implementation updates to Corporate Decisions Team
3. Annual Research and Development Report to Board
4. Clinical Audit process linked to BAF

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Well Led Review Action Plan
- ii) CQC comprehensive inspection

Ref: S05.7

Executive Lead: Executive Medical Director

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

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

**Corporate Risk:**

That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	2	8	Low
4	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the risk)**

1. Integrated Governance Framework
2. Agreed contracts in place and framework for managing change
4. Customer Relationships approach
5. Horizon Scanning

**Assurances/ Evidence (how do we know we are making an impact)**

- 1/4. Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment
2. Contract monitoring and contract change reporting process to CDT and FIBD
2. IA1415NTW/36 NHS and Non Healthcare Diagnostic Services-Significant Assurance with no issues of note

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i) Well Led Review Action Plan

Ref: S05.8

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: April 2016

Review Comments: Ongoing and Planned Audits see Appendix 2.

**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:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	3	12	Moderate
4	2	8	Low

**Controls & Mitigation (what are we currently doing about the risk)**

- 1.Independent review of governance-Well Led Framework-Report Jan 2016
- 2.Decision Making Framework
- 3.Board Assurance Framework

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance-Well Led Framework Action Plan
- 2/3.External Audit of Annual Governance Statement
- 2/3.Annual Review of Terms of Reference and effectiveness of key Committees

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Well Led Review Action Plan

**Ref:** S05.10

**Executive Lead:** Executive Director of Commissioning & Quality Assurance

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.

**Strategic Objective:**

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

**Corporate Risk:**

That we do not further develop integrated information systems across partner organisations.

**Risk Rating:**

Risk on Identification

Residual Risk (with current controls in place):

Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
4	4	16	Moderate
3	4	12	Moderate
3	3	9	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.External Audit of Annual Governance Statement
- 1/2/3.Informatics Highlight Report to FIBD
- 4/6.Locality and Partnership updates to CDT
- 5.Caldicott Health Information Group report to Q and P

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Audit of information sharing agreements

Ref: S06.3

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: April 2016

**Review Comments:**

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

<p><b>Corporate Risk:</b> That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.</p>	<p><b>Risk Rating:</b></p> <p>Risk on Identification Residual Risk (with current controls in place): Target Risk (after improved controls):</p>	<p><b>Impact</b></p> <p>5 4 4</p>	<p><b>Likelihood</b></p> <p>2 2 1</p>	<p><b>Score</b></p> <p>10 8 4</p>	<p><b>Rating</b></p> <p>Low Low Very Low</p>
---	---	---	---	---	--

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 2016/17)
<p>1.Integrated Governance Framework 2.Trust Policies and Procedures (Appendix 3) 3.Caldicott and Health Information Group 4.Information Governance Toolkit 5.Mandatory training for staff</p>	<p>1.External Audit of Annual Governance Statement 1/4.Reports to Sub Committees of the Board and Action Plans 1/2/4.Information Risk Review by ICO (May 2015) and Action Plan 2.See list of significant assurance Audits in Appendix 1 5.Monitoring of Information Governance training levels and action plans</p>	<p>i)Well Led Review Action Plan</p>

**Ref:** S06.4

**Executive Lead:** Executive Director of Commissioning & Quality Assurance

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2.



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

**Corporate Risk:**  
That the Trust fails to effectively support, promote and lobby the needs of people with mental ill health and disabilities.

**Risk Rating:**

Risk on Identification  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

Impact	Likelihood	Score	Rating
3	3	9	Low
4	3	12	Moderate
4	2	8	Low

**Controls & Mitigation (what are we currently doing about the 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

**Assurances/ Evidence (how do we know we are making an impact)**

- 1.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment
- 2/4.Reports on LA OSC Committees, Health and Wellbeing Boards Lead Director and Chief Executive Meetings
- 3.Sign up to national and local initiatives eg Time to Change
- 4/5.Commercial and Marketing Report to CDT
- 6.Reports on Media Coverage

**Gaps in Controls (Further actions to achieve target risk 2016/17)**

- i)Updated Marketing Strategy to be agreed by the Board
- ii)Updated Communications Strategy to be agreed by the Board
- iii)Well Led Review Action Plan

**Ref:** S07.1

**Executive Lead:** Chief Executive

**Last Updated/Reviewed:** April 2016

**Review Comments:** Ongoing and Planned Audits see Appendix 2. Increased risk due to external environment factors.

BAF reference	Year	Reference	Audit Title	Assurance Received	Date
S02.2	1415	1415/NTW/13	Cost Improvement Programme	Significant assurance with one issue of note	12.11.2014
S02.8	1415	1415/NTW/05	BigHand Digital Dictation System	Significant assurance with issues of note	19.11.2014
S03.5	1415	1415/NTW/11	Managing Diversity	Reasonable assurance	13.11.2014
S03.1	1415	1415/NTW/14	Managing Attendance	Significant assurance with issues of note	25.09.2014
S05.2	1415	1415/NTW/15	Maintenance repairs and improvements	Significant assurance with issues of note	27.10.2014
S05.1	1415	1415/NTW/24	Emergency Preparedness	Significant assurance with issues of note	16.02.2015
S02.8	1415	1415/NTW/28	RiO V7 Upgrade Project Controls	Significant assurance with no issues of note	12.03.2015
S02.7	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S03.1	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S03.5	1415	1415/NTW/31	Arrangements for the Verification of the Registration of Healthcare Professionals	Significant assurance with issues of note	23.01.2015
S02.6	1415	1415/NTW/32	Estates Process for the Ordering and Receipt of Goods, including the Tendering and Quotation Processes	Significant assurance 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
S02.7	1415	1415/NTW/34	Performance indicators - Rolling programme of testing against dimensions of data quality	Significant assurance with issues of note	19.11.2014
S02.1	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assurance with no issues of note	21.11.2014
S05.8	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assurance with no issues of note	21.11.2014
S02.8	1415	1415/NTW/37	Mobile Device Management (MDM)	Significant assurance with issues of note	04.03.2015
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/41	Patients Monies and Belongings - Central Monitoring arrangements of ward level compliance	Significant assurance with no issues of note	08.01.2015
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
S02.6	1415	1415/NTW/43	Financial Ledger	Significant assurance with no issues of note	29.01.2015
S02.8	1415	1415/NTW/44	Desktop Management	Significant assurance with issues of note	19.06.2015
S02.8	1415	1415/NTW/45	Wireless Network	Significant assurance with issues of note	02.06.2015
S02.6	1415	1415/NTW/46	Pay Expenditure	Significant assurance with no issues of note	25.02.2015
S02.6	1415	1415/NTW/47	Non Pay Expenditure – Central Procurement Function	Significant assurance with no issues of note	02.06.2015
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
S03.3	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
S03.5	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
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
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
S06.4	1415	1415/NTW/53	Independent Assurance of Information Governance Return	Significant assurance with issues of note	12.03.2015
S02.8	1415	1415/NTW/54	Network Testing Q3: Server Checks	Significant assurance with no issues of note	15.01.2015
S06.4	1415	1415/NTW/54	Network Testing Q3: Server Checks	Significant assurance with no issues of note	15.01.2015
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
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
S02.8	1415	1415/NTW/56	IAPTus System	Significant assurance with issues of note	05.06.2015
S01.1	1415	1415/NTW/57	Transforming Services	Significant assurance with issues of note	15.09.2015
S02.6	1415	1415/NTW/61	Cashiers Function - Monkwearmouth Site	Significant assurance with no issues of note	25.06.2015
S02.8	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015
S06.4	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015
S02.6	1415	1415/NTW/76	Expenses Claims	Significant assurance with issues of note	14.11.2014
S02.6	1415	1415/NTW/80	Management of Mobile Communication Devices	Significant assurance with issues of note	25.08.2015
S06.4	1415	1415/NTW/08	Confidentiality Policy	Reasonable assurance	10.09.2014
S02.6	1415	1415/NTW/59	Non Payroll PAYE	Significant assurance with one issue of note	16.06.2015
S02.6	1516	1516/CF/NTW04	LCFS Proactive - Compliance with the Healthcare Travel Costs Scheme	Significant assurance with issues of note	03.11.2015
S02.6	1516	1516/CF/NTW05	Follow up review - Taxi Usage	Significant assurance with issues of note	05.01.2016
S02.7	1516	1516/NTW/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S03.4	1516	1516/NTW/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S05.1	1516	1516/NTW/16	Compliance with the Process for the Management Reporting of Serious Incidents	Significant assurance with issues of note	04.02.2016
S05.1	1516	1516/NTW/27	Business Continuity Planning	Significant assurance with issues of note	04.02.2016
S05.1	1516	1516/NTW/17	Compliance with the Central Alert Policy NTW(0)17, V02.1	Significant assurance with no issues of note	27.01.2016
S01.5	1516	1516/NTW/32	PFI Contract Monitoring	Significant assurance with issues of note	25.11.2015
S02.6	1516	1516/NTW/36	Asset Management	Significant assurance with no issues of note	15.10.2015
S02.6	1516	1516/NTW/44	Bank and Treasury Management	Significant assurance with no issues of note	27.01.2016
S02.3	1516	1516/NTW/45	Review of Process for Initiating, Recording, Processing, Calculating and Reporting Reference Cost Data	Significant assurance with no issues of note	15.10.2015
S03.1	1516	1516/NTW/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015

S03.5	1516 1516/NTW/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015
S02.7	1516 1516/NTW/56	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality - Quarter 2	Significant assurance with no issues of note	12.01.2016
S02.8	1516 1516/NTW/58	Data Centres	Significant assurance with issues of note	22.09.2015
S02.8	1516 1516/NTW/59	Network Testing Q2: Server Checks	Significant assurance with issues of note	22.09.2015
S06.4	1516 1516/NTW/24	Compliance with Access to Health Records Practice Guidance Note	Significant assurance with issues of note	12.01.2016
S05.1	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
S05.2	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
S05.5	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
S05.10	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
S05.1	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
S05.2	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
S05.5	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
S05.10	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
S02.8	1516 1516/NTW/64	Network Testing Q3: Server Checks	Significant assurance with issue of note	
S06.4	1516 1516/NTW/64	Network Testing Q3: Server Checks	Significant assurance with issue of note	
S05.6	CA14	7 Medicines Management Prescribing	Significant Assurance	
S05.6	CA14	12 Trust wide Seclusion	Significant Assurance	
S05.6	CA14	14 Medicines Management Safe and Secure Medicines	Significant Assurance	
S05.6	CA14	32 Care Co ordination Audit Community Services Group	Significant Assurance	
S05.6	CA14	153 Restraint-Use of ERB	Assurance N/A	
S05.6	CA15	20 Care Co ordination Audit IAPT	Significant Assurance	
S05.6	CA15	21 Care Co ordination Audit Specialist Care	Significant Assurance	
S05.6	CA15	22 Care Co ordination Audit Inpatient Group	Significant Assurance	

Appendix 2: Audit Plan

BAF reference	Plan Ref.	Audit Title	2016-17	2017-18	2018-19
S01.1	1.2.1	Governance Structure			x
S01.1	1.2.3	Financial Delivery Plan	x		x
S01.1	6.1.0	Business Cases		x	
S01.2	7.2.0	Partnership Arrangements	x		x
S01.5	7.4.0	PFI Contract Monitoring		x	
S01.5	8.1.0	Capital Planning and Monitoring		x	
S01.5	8.2.0	Capital Procurement	x		x
S02.1	7.6.0	NHS Healthcare Agreements	x	x	x
S02.1	7.7.0	Non Healthcare and Diagnostic Service Agreements	x	x	x
S02.1	7.12.0	Tender Process	x		x
S02.2	9.4.1	Financial Reporting	x	x	x
S02.2	9.4.2	Budgetary Control	x	x	x
S02.3	9.5.2	Reference Costs		x	
S02.6	1.2.6	NIHR CRN Funding	x		x
S02.6	8.3.0	Minor Works		x	
S02.6	8.5.0	Asset Management		x	
S02.6	9.2.1	Payroll Masterfile	x	x	x
S02.6	9.2.5	Overpayments of Salary		x	
S02.6	9.3.2	Ordering and receipt of goods and services	x	x	x
S02.6	9.4.1	Financial Reporting	x	x	x
S02.6	9.4.2	Budgetary Control	x	x	x
S02.6	9.4.3	Financial Ledger	x	x	x
S02.6	9.4.4	Accounts Payable	x	x	x
S02.6	9.4.5	Accounts Receivable	x	x	x
S02.6	9.4.6	Bank Management	x	x	x
S02.6	9.4.7	Treasury Management	x	x	x
S02.6	9.5.1	Central Stores	x		x
S02.6	9.5.3	Central Cashiers	x	x	x
S02.6	9.5.4	Central Patients Monies and Belongings		x	
S02.6	9.5.5	Losses and Compensation			x
S02.6	9.5.7	Non pay PAYE		x	
S02.6	10.3.0	Specific Service Audits		x	
S02.6	13.1.0	Income, Expenditure, Investments and Governance Arrangments	x		x
S02.7	1.3.2	Policy Management			
S02.7	2.3.0	Monitor Declaration	x		x
S02.7	2.5.0	Quality Governance Framework	x	x	x
S02.7	4.1.0	Data Quality		x	
S02.7	4.8.0	Quality Accounts	x	x	x
S02.7	4.10.0	Performance Management Reporting	x	x	x
S02.8	3.12.0	Mental Health Act	x	x	x
S02.9	7.1.0	Hosted Services		x	
S02.9	7.3.0	Limited Liability Partnerships/Joint Ventures	x	x	x
S02.9	7.12.0	Tender Process	x		x
S03.1	9.2.2	E-Rostering	x	x	x
S03.1	11.1.0	Recruitment and Selection	x		x
S03.1	11.2.0	Workforce KPIS	x	x	x
S03.1	11.3.0	Pre employment Checks	x		x
S03.1	11.4.0	Medical Revalidation		x	
S03.1	11.5.0	Nurse Revalidation		x	
S03.1	11.9.0	Occupational Health Service		x	
S03.1	11.10.0	Monitor of Absence		x	
S03.1	11.11.0	Organisational Change Policy	x		x
S03.1	11.12.0	Consultant Job Planning		x	
S03.2	11.8.0	Skills and Training		x	
S03.3	11.1.0	Recruitment and Selection	x		x
S03.3	11.8.0	Skills and Training		x	
S03.4	11.4.0	Medical Revalidation		x	
S03.4	11.5.0	Nurse Revalidation		x	
S03.4	11.7.0	Appraisal		x	
S03.4	11.8.0	Skills and Training		x	
S03.5	1.2.4	Openess and Honesty		x	
S03.5	4.7.0	Equality and Diversity	x		
S03.5	11.1.0	Recruitment and Selection	x		x
S03.5	11.2.0	Workforce KPIS	x	x	x
S03.5	11.6.0	Professional Registrations	x		x
S03.5	11.10.0	Monitor of Absence		x	
S05.1	1.1.3	Risk Management	x	x	x

## Appendix 2: Audit Plan

S05.1	1.2.7	Business Continuity Planning		x	
S05.1	3.3.0	Serious Untoward Incidents/ Serious Learning Events	x	x	x
S05.1	3.4.0	National Alert Systems		x	
S05.1	3.5.0	Complaints	x		x
S05.1	3.6.0	Safeguarding Arrangements		x	
S05.1	3.7.0	Infection Control		x	
S05.1	3.8.0	Medical Devices Management	x	x	x
S05.1	3.10.0	Central Pharmacy Processes		x	
S05.1	3.11.0	Medicines Management	x		x
S05.1	4.4.0	Integrated Emergency Management	x	x	x
S05.1	5.3.0	Health and Safety	x	x	x
S05.10	1.2.1	Governance Structure			x
S05.10	1.3.1	Third Party Assurance	x	x	x
S05.10	1.1.4	Decision Making Framework	x		
S05.2	2.1.0	CQC Process	x	x	x
S05.2	8.4.0	Maintenance		x	
S05.7	1.2.5	Research & Development	x		x
S05.7	3.1.0	Clinical Audit	x		x
S05.7	4.5.0	NICE		x	
S05.8	7.6.0	NHS Health Care Agreements	x	x	x
S05.8	7.7.0	Non Healthcare and Diagnostic Service Agreements	x	x	x
S06.4	2.4.0	Information Governance Toolkit	x	x	x
S06.4	3.13.0	Records Management		x	
S06.4	12.1.1	Information Sharing	x		x
S06.4	12.1.2	Data Transfer	x		x
S06.4	12.1.3	Software Asset Management			x
S06.4	12.1.4	Data Warehouse		x	
S06.4	12.1.5	Information Security Policies	x		x
S07.1	7.2.0	Partnership Arrangements	x		x

Policy Ref.	Policy Title
NTW (C)01	Resuscitation Policy
NTW (C)02	Management of Rapid Tranquilisation
NTW (C) 03	Leave,absence without leave and missing patients
NTW(C)04	Safeguarding Children
NTW(C)05	Consent to Examination and Treatment
NTW(C)06	Non Attendance (DNA)Policy
NTW(C)07	Promoting Engagement with Service Users
NTW(C)08	Young People requiring emergency admissions
NTW(C)09	Section 136 Mental Health Act 1983:Mentally Disordered Persons Found in Public Places
NTW(C)10	Seclusion Policy
NTW(C)11	Search Policy
NTW (C)16	Recognition,Prevention and Management of Aggression and Violence
NTW(C)17	Medicines Management Policy
NTW(C)18	Tissue Viability Policy
NTW(C)19	Observation Policy
NTW (C)20	Care Co-ordination Policy
NTW(C) 21	Medical Devices Policy
NTW(C)23	Infection Prevention and Control
NTW(C) 24	Safeguarding Adults at Risk
NTW (C)25	MAPPA Policy
NTW(C)26	Management of Dysphagia Policy
NTW(C)27	Trust-wide Implementation,Monitoring and Co-ordination of NICE Guidance Policy
NTW(C)29	Trust Standard for the Assessment and Management of Physical Health
NTW(C)31	Clinical Supervision Policy
NTW(C)33	Medical Appraisal Policy
NTW(C)34	Mental Capacity Act 2005 Policy
NTW(C)35	Phlebotomy Policy
NTW(C)36	Deprivation of Liberty Policy
NTW(C)38	Pharmacological Therapy Policy
NTW(C)40	Dignity in Care Policy
NTW(C)42	Patients requesting a "Change of Consultant" or "Second Opinion"
NTW(C)43	Out of Area Treatment Policy
NTW(C)44	Dual Diagnosis Policy
NTW(C)46	Inoculation Injury Policy
NTW(C)47	Community Treatment Order Policy
NTW(C)48	Care Co-ordination in children and young people specialist services (CYPS) Policy
NTW(C)49	Care of Dying Policy
NTW(C)51	Electroconvulsive Therapy (ECT)
NTW(C)52	Clinical Audit Policy
NTW(C)53	Selection and appointment of approved clinicians under the Mental Health Act 1983
NTW(C)54	Domestic Violence Policy
NTW(C)55	Mental Health Act Policy
NTW(C)56	Medical Job Plan Policy
NTW(C)57	Medical Re-skilling,rehabilitation remediation Policy
NTW (0)01	Development and Management of Procedural Documents Policy
NTW (0)02	Environmental and Sustainability Policy
NTW (0)03	The Production of Accessible Information for Patients,Carers and the Public Policy
NTW (0)04	Omnicell
NTW (0)05	Incident Policy
NTW (0)06	Litigation and Claims Management
NTW (0)07	Comments,Compliments and Complaints Policy
NTW (0)08	Emergency Preparedness,Resilience and Response Policy
NTW (0)09	Management of Records Policy
NTW (0)11	Children Visiting Policy
NTW (0)12	Misuse of Alcohol and/or illicit drugs substances within inpatient services
NTW (0)13	Smoke Free Policy
NTW (0)14	Limited Access (RiO)Policy
NTW (0)15	Laundry Policy
NTW (0)16	Access to Legal Advice Policy
NTW (0)17	Central Alerting System
NTW (0)18	TAeR
NTW (0)19	BackTrac
NTW (0)20	Health and Safety
NTW (0)21	Security Management Policy
NTW (0)22	Sharing Letters with Service Users
NTW (0)23	Fraud,Bribery,Corruption Policy
NTW (0)24	Waste Management Policy
NTW (0)25	Internal Audit Process
NTW (0)26	Data Quality Policy
NTW (0)27	Nutrition Policy
NTW (0)28	Information Governance Policy
NTW (0)29	Confidentiality Policy
NTW (0)30	Removeable Media/data/encryption Policy
NTW (0)31	RiO System Level Security Policy
NTW (0)32	Estates,Operational and Maintenance Policy and Practice Guidance Note
NTW (0)33	Risk Management Policy
NTW (0)34	7 Day Follow Up
NTW (0)35	IMT Security Policy
NTW (0)36	Data Protection Policy
NTW (0)37	Transport Policy

NTW (O)38	Management of Intellectual Property
NTW (O)39	Healthy Eating at Work Policy incorporating Catering standards for staff
NTW (O)40	Falls Prevention/Risk Reduction and Management Policy
NTW (O)41	Fire Policy
NTW (O)42	Equality, Diversity and Human Right Policy
NTW (O)43	Freedom of Information Policy
NTW (O)44	Acceptable use of Email Policy
NTW (O)45	Visual Imaging and Audio Policy
NTW (O)46	Private Practice Policy
NTW (O)47	Research Governance Policy
NTW (O)48	Uniform and Dress Code Policy
NTW (O)49	Relationships at work
NTW (O)50	Delegation of Statutory Functions under MHA 1983 Policy
NTW (O)51	Standing Financial Instructions
NTW (O)53	Food Hygiene Policy
NTW (O)55	Information Risk Policy
NTW (O)56	Forensic Readiness Policy
NTW (O)57	Registration Authority Policy
NTW (O)58	Issue and use of mobile communication devices Policy
NTW (O)59	Rostering Policy
NTW (O)60	Remuneration of Council of Governor Members' Expenses Policy
NTW (O)62	Information Sharing Policy
NTW (O)63	IT Procurement Policy
NTW (O)64	Overseas Visitors Charges Regulation Policy
NTW (O)65	Acceptable use of intranet and internet Policy
NTW (O)66	Responding to National Confidential Enquiries/Inquiries
NTW (O)69	Northumberland Recovery Partnership
NTW (O)70	Catering Policy
NTW (O)71	Cleaning Policy
NTW (O)74	Treasury Policy
NTW (O)76	SARD-JV-SLSP
NTW (O)77	Big Hand SLSP
NTW (O)78	North Tyneside Recovery Partnership Policy
NTW (O)79	IAPTus SLSP
NTW (HR)01	Induction Policy
NTW (HR)02	Handling Concerns about Doctors
NTW (HR)03	Professional Registration Policy
NTW (HR)04	Disciplinary Policy
NTW (HR)05	Grievance Policy
NTW (HR)06	Whistleblowing Policy
NTW (HR)07	Dispute Policy
NTW (HR)08	Dignity and Respect At Work Policy
NTW (HR)09	Staff Appraisal Policy (Non Medical)
NTW (HR)10	Managing Sickness Absence Policy
NTW (HR)11	Flexible Working Policy
NTW (HR)12	Stress at Work Policy
NTW (HR)13	Performance Policy
NTW (HR)15	Recruitment and Selection Policy
NTW (HR)17	Relocation Policy
NTW (HR)18	Mental Health Policy
NTW (HR)19	Maternity and Adoption Policy
NTW (HR)21	Managing Alcohol and Other Substance Misuse
NTW (HR)23	Study Leave Policy
NTW (HR)24	Social Media Policy
Aug-15	Incident Response Plan