



# 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.

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

1. Independent review of governance against Well-Led Framework January 2016-Strategy
1. Single Oversight Framework Governance rating green.
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)**

2. Programme Audit.
2. Post Project Evaluation.
3. Review of Improving Community Pathways.
4. Review of effectiveness of service user/carer engagement.

Ref: S01.1

**Executive Lead:** Deputy Chief Executive

**Last Updated/Reviewed:** March 2017

**Review Comments:** Updated Further actions to be taken.

**Strategic Objective:**

To be a sustainable & consistently high performing organisation.

**Principal Risk:**

That we have significant loss of income through competition, choice and national policy, 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. Locality partnerships.
5. Marketing Strategy.
6. Business Case and Tender Process (PGN).
7. Horizon Scanning.
8. Commissioning and Quality Assurance Procedures.

**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 2016/17
3. NTW1617 27 Agreements -substantial Assurance with no issues of note.
4. Quarterly partnership Meetings
6. IA1415/NTW/49 Compliance with responding to tenders and business cases. Significant Assurance with no issues of note.
8. Compliance with commissioning and contract requirements.
9. Internal Performance Report.

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

1. Updated Marketing Strategy to be agreed
2. Well Led Review Action Plan.
3. Capacity to manage multiple tenders.

Ref: S02.1

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Unchanged.

**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	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. 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.
7. Accountability Framework/Escalation Procedures.

**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 2016/17 reviewed by Monitor-no concerns.
3. Going concern report 2016.
5. Internal and External Audits.
7. Accountability Framework Report.
8. See list of Significant Assurance Audits in Appendix 1.

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

1. Delivery of Operational Plan 2016/17.
2. Delivery of Local Health system Sustainability and Transformation Plans.
3. Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies.
5. Rebasing of budget.

Ref: S02.2

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Risk Rating reduced from 5x4 (20) to 5x3 (15).

**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
4	2	8	Low
4	1	4	Very Low

**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.
- 4.Agreed Service Specifications.
- 5.NICE Guidance.
- 6.Annual Quality Account.
7. CQC Compliance Group.

**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 2016/17 reviewed by NHSI.
- 2.Reports to CDTQ,Q&P and QRG's.
- 3.See list of significant assurance BAF Clinical Audits.
7. CQC review rated outstanding.

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

2. Delivery of Operational Plan 2016/17
3. Delivery of 5 Year Trust Strategy 2016-2021 and supporting strategies.
4. Evidence benefit realisation from service change Trustwide.

Ref: S05.6

Executive Lead: Director of Nursing & Operations

Last Updated/Reviewed: March 2017

Review Comments: Risk description amended to include 'embedding'. Risk rating reduced to 4x2 (8) and target risk reduced to 4x1 (4)

**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
5	4	20	High
4	3	12	Moderate

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

1. Integrated Governance Framework.
2. Stakeholder and partner locality Executive Leads and reporting processes.
3. Horizon scanning and intelligence.
4. Financial Strategy.
5. Oversight Model.

**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 STP and associated service and integration agenda.
4. Operational Plan 2017/19 reviewed by NHSI.

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

1. Operational Plan 2017-19 and scrutiny by NHSI.
2. Contribution to and approval of Local Health System Sustainability and Transformation Plans.
3. Development of 5 Year Trust Strategy 2017-2022 and supporting Strategies.
5. CCG/LA comms plans and new models of care. (e.g ACO & MSPs)
6. NHS England procurement plan for Eating disorder, Gender and Secure Services.

Ref: S05.9

Executive Lead: Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Risk Rating increased from 16 to 20. HIGH RISK.

**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
4	3	12	Moderate
4	2	8	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. CCG/LA meetings.
4. Communications Strategy.
5. Requirements re public and staff consultation on service change.
6. Deciding Together.

**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. Regular meetings with CCG and LA's.
6. CCG/Trust to agree implementation.
7. See list of Significant Assurance Audits in Appendix 1.

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

2. Post Project Evaluation
3. Updated Communications Strategy to be agreed by Board
4. Well Led Review Action Plan - Communication Strategy

Ref: S01.2

Executive Lead: Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Residual risk rating and target risk rating updated. Updated assurances and controls.

# 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 and fund 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	3	15	Moderate
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 RBAC.
- 5.Monitoring of Capital Programme by RBAC.
- 6.Monitoring of Asset Realisation Programme by RBAC.

**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.
- 4/5.Update reports to RBAC and Board on Capital Programme and Projects.
5. IA 1516NTW/32 PFI Contract Monitoring Significant assurance with issues of note.
6. Update reports to RBAC on Asset Realisation Programme.

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

1. Develop further Post Project evaluation.
3. Unable to fully identify resource for capital control.
4. Framework for capital scheme procurement (over £5m)-being developed and to be in place
6. NTW1617 15 Assessing the Impact of a Capital Project - Limited Assurance.

Ref: S01.5

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Further gaps in control added.

**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.

<p><b>Corporate Risk:</b> Lack of ownership of PFI buildings. Restrictions in contract hinder ability to develop estate.</p>	<p><b>Risk Rating:</b></p> <p>Risk on Identification</p> <p>Residual Risk (with current controls in place):</p> <p>Target Risk (after improved controls):</p>	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		3	4	12	Moderate
		3	4	12	Moderate
		0	0	0	Very 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>
<p>1.PFI Contract documentation.</p> <p>2.Local Procedures re carrying out work on PFI developments.</p> <p>3.Monitoring of PFI Contracts.</p>	<p>1.IA 1516NTW/32 PFI Contract Monitoring. Significant assurance with issues of note.</p> <p>2. DTZ (Chartered Surveyors) continual review of estate.</p> <p>3. Outline Business Case.</p>	<p>1. Progress discussions regarding purchase of PFI developments.</p> <p>2. Lack of Capital Control.</p>

Ref: S01.6

**Executive Lead:** Deputy Chief Executive

**Last Updated/Reviewed:** March 2017

**Review Comments:** No change.

**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 RBAC.
6. Monitoring and reporting on Reference Costs by RBAC.

**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)**

1. IA costing and pricing review.
3. Development of Risk Share agreements with Clinical Commissioning Groups.
4. Application of National Guidance.

Ref: S02.3

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: No Change.

**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.
3. Compliance with NICE Guidance.
4. CQC Compliance Group-review of compliance and Action Plans.
5. Performance Review/Integrated Commissioning and Assurance reports and Action Plans.
6. Accountability Framework.
7. Regulatory framework of CQC and NHSI.

**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 audit assurances tab.
- 2/3/4. CQC MHA compliance visits and completed action plans.
7. CQC outcome Outstanding.
8. Kite marking.

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

1. CQC Comprehensive Inspection action plans.
2. Well Led Review Action Plan

**Ref:** S02.7

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

**Last Updated/Reviewed:** March 2017

**Review Comments:** Assurance added.

**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.
- 3.Decision Making Framework.
- 4.Review of CQC MHA Reports and monitoring of Action plans.
- 5.Performance Review/Integrated Performance Report and Action Plans.
6. Mental Health Legislation Committee.

**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)**

1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit.

Ref: S02.8

Executive Lead: Medical Director

Last Updated/Reviewed: March 2017

Review Comments: Unchanged.

**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
4	3	12	Moderate
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 dilligence.
- 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)**

1. Complete review of Business Case and Tender Proc
- 2.Well Led Review Action Plan.
3. Capacity and expertise to manage multiple tenders
4. Governance of proposed external bid writers consultancy

Ref: S02.9

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: unchanged.

**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.
4. Internal Data Quality Procedures.

**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.
2. Data Quality Kite Marks introduced to board performance reporting.

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

1. Well Led Review Action Plan.
2. Improve data quality maturity index (reduced from 92.1% to 83.3% in the latest published information).

Ref: S02.1

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

**Last Updated/Reviewed:** March 2017

**Review Comments:** Assurance and action added.

**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.
6. New Points of You service user and carer feedback.

**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. Feedback from IIP.
4. Feedback from Staff Side and Action Plans.
5. Staff Survey and Friends and Family Action Plans.
6. Points of You service user feedback.

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

1. Updated Communications Strategy to be agreed by the Board.
2. Staff Survey 2016 Action Plan.
3. Well Led Review Action Plan.
4. Sign off of 5 year strategy.

Ref: S04.1

Executive Lead: Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Controls and assurances added.



**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	1	4	Very Low

**Controls & Mitigation (what are we currently doing about the 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.
10. Internal Audit

**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
- 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.
7. CQC Final Report Outstanding rating.
10. NTW1617 01 Fire Policy
11. QRG's

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

1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & Re-audit.

Ref: S05.1

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: March 2017

Review Comments: unchanged.

**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 we do not have safe and supportive clinical 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
4	2	8	Low

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

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

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.
- 9.External Audit of Quality Account.
7. CQC Outstanding Review Rating.

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

1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & re-audit.
2. Outcome and completion of Deciding Together.

**Ref:** S05.2

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

**Last Updated/Reviewed:** March 2017

**Review Comments:** One action completed. No risk rating change.

**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.
7. Nice Guidelines.

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

1. Accountability Framework.
- 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.
6. CQC Report rated Outstanding.
7. Compliance with NICE Guidance.

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

1. Updated Communications Strategy to be agreed by the Board.

Ref: S05.5

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: March 2017

Review Comments: unchanged.

**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	3	12	Moderate
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. Locality Partnerships.

**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 RBAC.

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

1. Well Led Review Action Plan.
2. Horizon Scanning.
3. No contract in place with Northumberland  
Actively pursue sign off.

Ref: S05.8

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

**Last Updated/Reviewed:** March 2017

**Review Comments:** Action added.

**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)**

1. Well Led Review Action Plan.

Ref: S05.10

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: March 2017

Review Comments: unchanged.

**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	3	9	Low
3	2	6	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. Locality Partnerships.

**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)**

1. Audit of information sharing agreements
2. Completion of MIG.
3. Completion of roll out of WIFI/Internet for partners.

Ref: S06.3

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: March 2017

Review Comments: unchanged.

**Strategic Objective:**

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

**Corporate Risk:**

That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.

**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
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.
3. Caldicott and Health Information Group.
4. Information Governance Toolkit.

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

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.
5. Monitoring of Information Governance training levels and action plans.

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

1. Well Led Review Action Plan.
2. Improve Mandatory Training for Staff.

**Ref:** S06.4

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

**Last Updated/Reviewed:** March 2017

**Review Comments:** No change.

**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	2	8	Low
4	1	4	Very 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. Locality Partnerships.
5. Communication 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.
5. Reports on Media Coverage.
6. Outstanding Award from CQC 2016.

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

1. Update Communication Strategy and agree with board.
2. Well Led Review Action Plan.
3. MH workstream of STP.
4. Companying role with 3rd sector organisations.

Ref: S07.1

Executive Lead: Chief Executive

Last Updated/Reviewed: March 2017

Review Comments: Residual risk rating reduced. Target risk rating reduced.



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	

## Appendix 2: Audit Plan

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
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	Clincial 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

Audit Ref	Audit Name	Final issue Date	Assurance provided	BAF/CRR Assurance
NTW1516 03	Purchase Cards	11.04.2016	Significant assurance.	S02.6
NTW1516 19	Infection Control	12.04.2016	Reasonable assurance	S05.1
NTW1516 39	Non pay expenditure	12.04.2016	Significant assurance.	S02.6
NTW1516 40	Financial Reporting and Budgetary Control	12.04.2016	Significant assurance.	S02.2/S02.6
NTW1516 47	Losses and special payments	12.02.2016	Significant assurance.	S02.6
NTW1516 46	Local cashier functions	19.04.2016	Significant assurance.	S02.6
NTW1516 57	Safety Inspection Audit	19.04.2016	Limited Assurance.	S05.1
NTW1516 62	Safeguard General Controls	21.04.2016	Significant assurance.	S02.8
NTW1516 65	Informatics strategy governance	25.04.2016	Significant assurance.	S06.4
NTW1516 29	Friends and Family Test	04.05.2016	Significant assurance.	S04.2
NTW1516 26	Lone working	05.05.2016	Limited Assurance.	N/A
NTW1516 23	Raising Concerns	12.05.2016	Significant assurance.	S03.5
NTW1516 52	Managing sickness absence	18.05.2016	Significant assurance.	S03.1/S03.5
NTW1516 02	Assurance Framework	19.05.2016	Significant assurance.	
NTW1516 66	Ascribe Pharmacy	08.06.2016	Significant assurance with issues of note.	S06.4
NTW1516 68	Q4 Server Checks	08.06.2016	Significant assurance with issues of note.	S02.8
NTW1516 70	Service User Network	08.06.2016	Significant assurance with no issues of note.	S06.4
NTW1516 71	Firewall Security Controls	27.07.2016	Significant assurance with issues of note.	S06.4
NTW1516 63	Software Asset Management	03.08.2016	Significant assurance with no issues of note.	S06.4
NTW1516 50	Skills and Training	15.08.2016	Significant assurance with issues of note.	S03.3/S03.2/S03.4
NTW1516 28	NICE	14.09.2016	Significant assurance with issues of note.	S05.7
NTW1516 38	Compliance with Roster Policy	07.09.2016	Significant assurance with issues of note.	S03.1
NTW1516 60	Deprivation of Liberty Safeguards	08.09.2016	Significant assurance with issues of note.	S02.8
NTW1617 01	Fire Policy	20.09.2016	Substantial assurance.	S05.1
NTW1617 04	The Equality Delivery System (EDS2)	20.09.2016	Substantial assurance.	S06.4
NTW1617 11	Performance Management IAPT & EIP	25.10.2016	Substantial assurance.	S06.4
NTW1617 14	Independent Assurance of Trust Compliance against	05.10.2016	Substantial assurance.	S05.1
NTW1617 18	Staff Appraisal	13.10.2016	Good Level of Assurance with issues of note.	S03.4

NTW1617 06	Sustainable Development	15.12.2016	Substantial assurance with no issues of note.	S03.5
NTW1617 12	Tranforming Services	19.12.2016	Significant assurance with issues of note.	S01.1
NTW1617 02	Professional Registration	11.01.2017	Significant assurance with issues of note.	S05.1
NTW1617 31	Bank and Treasury Management	23.01.2017	Significant Assurance with no issue of note.	S02.6
NTW1617 30	Financial Ledger	23.01.2017	Substantial assurance with no issues of note.	S02.6
NTW1617 27	Agreements	25.01.2017	Substantial assurance with no issues of note.	S02.1
NTW1617 38	Accounts receivable	25.01.2017	Substantial assurance	S02.6
NTW1617 37	Accounts Payable	25.01.2017	Substantial Assurance	N/A
NTW1617 15	Capital Procurement	01.02.2017	Limited Assurance	S01.5
NTW 1617 29	Financial Reporting and Budgetary Control	14.02.2017	Substantial assurance	S02.2/S02.6
NTW 1617 43	NHS Improvement Single Oversight Framework	07.02.2017	Substantial Assurance	S02.2
NTW 1617 10	Charitable funds	07.02.2017	Substantial Assurance with issues of note.	S02.6
NTW1617 19	Patient Experience	20.02.2017	Good Level of Assurance with issues of note.	S04.2

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