

# **Board Assurance Framework and Corporate Risk Register**

**2017-18**

**Strategic Ambition: 1**  
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

<b>Principal Risk:</b> That we do not implement service model changes as planned, failing to realise the benefits of improved quality and better outcomes.	<b>Risk Rating:</b>  Risk on identification (Feb 2012): Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite:</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		5	3	15	Moderate
		5	3	15	Moderate
		5	2	10	Low
<b>Quality Effectiveness</b>					<b>Exceeded</b>

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)	<b>Assurances/ Evidence</b> (how do we know we are making an impact)	<b>Gaps in Controls</b> (actions to take to achieve target)
1. Integrated Governance Framework. 2. Business Case and Tender Process (PGN). 3. Commissioner involvement and scrutiny. 4. Decision Making Framework	1. Independent review of governance against Well-Led Framework January 2016-Strategy 1. Single Oversight Framework Governance rating green. 2. NTW1617 36 Responding to Tenders - Substantial Assurance. 4. NTW1617 20 Quality Impact of FDP - Substantial Assurance	1. Programme Audit. 2. Post Project Evaluation. 3. Review of Improving Community Pathways. 4. Review of effectiveness of service user/carer engagement.

Ref: SA1.1

**Review Comments: Assurance added.**

**Executive Lead: Deputy Chief Executive      Board Committee: RBAC      Updated/Review Date: July 17**

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

**Corporate Risk:**

That restrictions on capital funding nationally lead to a failure to meet our aim to achieve first class environments to support care, increasing the risk of harm to patients through continuing use of sub-optimal environments.

**Risk Rating:**

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

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
5	1	5	Very Low
Finance/VfM			Within

Controls & Mitigation (what are we currently doing about the risk)
1. Integrated Governance Framework. 2. Project Review by RBAC. 3. Monitoring of Capital Programme by RBAC. 4. Monitoring of Asset Realisation Programme by RBAC.

Assurances/ Evidence (how do we know we are making an impact)
1. Independent review of governance -Strategy 2. Minutes of RBAC Committee. 3. Capital Programme reports to Board. 4. Minutes of RBAC Committee.

Gaps in Controls (actions to achieve target risk )
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: SA1.2

**Review Comments:** controls removed, further actions added.

Executive Lead: Deputy Chief Executive      Board Sub Committee: RBAC      Updated/Review Date: July 2017

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	3	12	Moderate
4	1	4	Very Low
<b>Quality Effectiveness:</b>			<b>Exceeded</b>

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)
1. Integrated Governance Framework. 2. Agreed contracts in place and framework for managing change. 3. Locality Partnerships.

<b>Assurances/ Evidence</b> (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. Contract monitoring and contract change reporting process to CDT and RBAC. 3. Updates from Locality Partnership meetings

<b>Gaps in Controls</b> (Actions to achieve target risk)
1. Well Led Review Action Plan. to be agreed with Board. 2. Horizon Scanning. 3. No contract in place with Northumberland. Actively pursue sign off.

Ref: SA1.3

Review Comments: No change.

Executive Lead: Executive Director of Commissioning & Quality Assurance

Board Sub Committee: RBAC

Updated/Review Date: July 2017

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their journey to wellbeing.

<b>Principal Risk:</b> The risk that high quality, evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are subsequently not sufficiently responsive to demands.	<b>Risk Rating:</b>  Risk on identification (Feb 2012): Residual Risk (with current controls in place): Target Risk (after improved controls):  <b>Risk Appetite:</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		5	3	15	Moderate
		4	2	8	Low
		4	1	4	Very Low
<b>Quality Safety:</b>					<b>Exceeded</b>

<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 (actions to take to achieve target)</b>
1.Integrated Governance Framework. 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN. 3.Operational and Clinical Policies and Procedures. 4. Annual Quality Account. 5. CQC Compliance Group.	1.Independent review of governance against Well-Led Framework January 2016-Clearly defined processes for managing performance Amber/Green rating. 1/2/4.External Audit of Quality Account 1.Operational Plan 2016/17 reviewed by NHSI. 2.Reports to CDTQ,Q&P and QRG's. 5. CQC review rated outstanding.	2. Delivery of Operational Plan 2017/18 3. Delivery of 5 Year Trust Strategy 2017-2022 and supporting strategies. 4. Evidence benefit realisation from service change Trustwide.

Ref: SA1.4

**Review Comments: No Change.**

**Executive Lead: Executive Director of Nursing      Board Sub-Committee: Q&P      Updated/Reviewed Date: July 2017**

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	3	12	Moderate
4	2	8	Low
<b>Quality Effectiveness</b>			<b>Exceeded</b>

<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>
<ol style="list-style-type: none"> <li>1. Integrated Governance Framework.</li> <li>2. Stakeholder and partner matrix and reporting processes on engagement and activity.</li> <li>3. CCG/LA meetings.</li> <li>4. Requirements re public and staff consultation on service change.</li> <li>5. Deciding Together - N&amp;G</li> <li>6. Joint working arrangements</li> </ol>

<b>Assurances/ Evidence (how do we know we are making an impact)</b>
<ol style="list-style-type: none"> <li>1. Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment.</li> <li>3. Regular meetings with CCG and LA's.</li> <li>4. CCG/Trust to agree implementation.</li> <li>6. NTW 1617 23 IA Joint working arrangements - Reasonable assurance.</li> <li>5. Deciding together steering group</li> </ol>

<b>Gaps in Controls (Actions to achieve target risk)</b>
<ol style="list-style-type: none"> <li>2. Post Project Evaluation</li> <li>3. Updated Communications Strategy to be agreed by Board</li> <li>4. NTW 1617 23 IA Joint working arrangements - remedial action.</li> </ol>

Ref: SA1.5

**Review Comments: Controls removed, assurances added, gaps in assurance added, gaps in control completed.**

**Executive Lead: Chief Executive**

**Board Sub Committee: Q&P**

**Last Updated/Reviewed: July 2017**

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

<b>Corporate Risk:</b> Lack of ownership of PFI buildings. Restrictions in contract hinder ability to develop estate.	<b>Risk Rating:</b>  Risk on Identification Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite:</b>	<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>Finance/VfM</b>				<b>Within</b>	

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)	<b>Assurances/ Evidence</b> (how do we know we are making an impact)	<b>Gaps in Controls</b> (actions to achieve target risk)
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. 2. DTZ (Chartered Surveyors) continual review of estate. 3. Outline Business Case.	1. Progress discussions regarding purchase of PFI developments. 2. Lack of Capital Control.

Ref: SA1.6

Review Comments: No change.

Executive Lead: Deputy Chief Executive

Board Sub Committee: RBAC

Updated/Review Date: July 2017

**Strategic Ambition: 1**

Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

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

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)	<b>Assurances/ Evidence</b> (how do we know we are making an impact)	<b>Gaps in Controls</b> (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Caldicott and Health Information Group. 4.Information Governance Toolkit. 5. Monitoring of Information Governance training levels and action plans.	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 2016) and Action Plan. 4 NTW1617 46 IGT - substantial assurance 2. NTW1617 Information sharing with commissioners - substantial assurance	1. Improve Mandatory Training for Staff.

Ref: SA1.7

**Review Comments: Assurance added.**

<b>Executive Lead: Executive Director of Commissioning &amp; Quality Assurance</b>	<b>Board Sub Committee: Q&amp;P</b>	<b>Updated/Review Date: July 2017</b>
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**Strategic Ambition: 1**  
Working together with service users and carers we will provide excellent care, supporting people on their personal journey to wellbeing.

**Principal Risk:**  
Failure to participate and influence STP workforce developments may reduce our control over future regional workforce changes.

**Risk Rating:**  
  
Risk on identification (April 2017):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	4	16	Moderate
4	4	16	Moderate
3	3	9	Low
<b>Workforce</b>			<b>Within</b>

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

1. Regional Workforce Action group
2. Local Workforce Action Board
3. Social Partnership Forum
4. Deputy Chief Executive Leading STP Workstream

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

1. Minutes of Regional Workforce Action Group
2. Minutes of Local Workforce Action Board
3. Minutes of Social Partnership Forum
4. Feedback/updates from STP workstreams via CDT/Q&P/Board

**Gaps in Controls**  
(Actions to achieve target risk)

1. STP /Clinical Pathways still undecided.
2. Uncertainty regarding STP footprint.

**Ref:** SA1.8

**Review Comments:** No change.

<b>Executive Lead:</b> Director of Workforce & OD	<b>Board Sub Committee:</b> Q&P	<b>Last Updated/Reviewed:</b> July 2017
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**Strategic Ambition: 2**  
 With People, Communities and Partners, together we will promote prevention, early intervention and resilience.

**Principal Risk:**  
 That we do not sufficiently engage with GP's, communities, stakeholders and system partners in supporting, enabling effective interventions.

**Risk Rating:**  
 Risk on identification (May 2017):  
 Residual Risk (with current controls in place):  
 Target Risk (after improved controls):  
**Risk Appetite:**

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

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

1. Engagement in developing community models of care with locality partners
2. Central role on Mental Health STP
3. Engagement in prevention early intervention
4. Engagement and support of recovery colleges

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

1. GP Survey

**Gaps in Controls**  
 (Actions to achieve target risk)

1. Mixed GP feedback for Adult community and Childrens Mental Health
2. Development of evidence base for recovery colleges
3. Mechanism for measuring/understanding
4. community /stakeholder engagement

Ref: SA2.1

**Review Comments:**

**Executive Lead:** Deputy Chief Executive      **Board Sub Committee:** Q&P      **Last Updated/Reviewed:** July 2017

**Strategic Ambition: 3**  
Working with partners there will be "no health without mental health" and services will be "joined up"

**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):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	4	16	Moderate
3	3	9	Low
3	2	6	Low
<b>Safety</b>			<b>Exceeded</b>

**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**  
(Actions to achieve target risk)

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

Ref: SA3.1

<b>Executive Lead: Executive Director of Commissioning &amp; Quality Assurance</b>	<b>Board Sub Committee: Q&amp;P</b>	<b>Updated/Review Date: July 2017</b>

**Strategic Ambition: 3**

Working with partners there will be "no health without mental health" and services will be "joined up"

**Principal Risk:**

That we do not influence the development of new care delivery models (ACO, MCP, ACS) leading to increasing fragmentation of MH service delivery.

**Risk Rating:**

Risk on identification (May 2017):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	4	20	High
4	3	12	Moderate
3	3	9	Low
<b>Quality Effectiveness</b>			<b>Exceeded</b>

<b>Controls &amp; Mitigation (what are we currently doing about the risk)</b>
<ol style="list-style-type: none"> <li>Executive and Group leadership embedded within each CCG/LA area to ensure that the specialist MH and disabilities services are safeguarded and parity is a key part of integration plans.</li> <li>Leadership of the STP MH workstream.</li> </ol>

<b>Assurances/ Evidence (how do we know we are making an impact)</b>
<ol style="list-style-type: none"> <li>Successfully influenced service models and across a number of localities.</li> <li>Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices.</li> <li>Regular update/monitoring of STP via Exec/CDT/Board.</li> </ol>

<b>Gaps in Controls (Actions to achieve target risk)</b>
<ol style="list-style-type: none"> <li>Impact of new ACS, ACO &amp; MSP proposals still at an early stage with a number of the new care models focused around integrating acute, community and social care</li> <li>Changes to STP implementation plans with changes being considered to move to a single NE&amp;Cumbria ACS which may effect priority given to our service users being diluted.</li> </ol>

Ref: SA3.2

**Review Comments: Assurance Added.**

**Executive Lead: Chief Executive**

**Board Sub Committee: Board**

**Last Updated/Reviewed: July 2017**

**Strategic Ambition: 3**  
Working with partners there will be "no health without mental health" and services will be "joined up"

<b>Principal Risk:</b> Failure to participate and influence regional developments relating to Carter and Back Office Functions resulting in imposed changes to corporate functions and arising recruitment and retention issues.	<b>Risk Rating:</b>  Risk on identification (May 2017): Residual Risk (with current controls in place): Target Risk (after improved controls):	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		4	4	16	Moderate
		4	4	16	Moderate
		3	3	9	Low
<b>Risk Appetite:</b>					<b>Workforce:</b> Within

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)	<b>Assurances/ Evidence</b> (how do we know we are making an impact)	<b>Gaps in Controls</b> (Actions to achieve target risk)
1. Mointored at DOF Network and HRD Network 2. HRD Member of NHSI expert panel	1. Minutes of Network meetings 2. Feedback/updates via CDT/Q&P/Board	1. Explore NTW Carter benchmarking report via Executive Meeting. 2. Seek/await clear regional actions. 3. Clearly identify actions from NTW Carter report.

Ref: SA3.3

**Review Comments:**

**Executive Lead: Director of Workforce & OD** | **Board Sub Committee: Q&P** | **Last Updated/Reviewed: July 2017**

**Strategic Ambition: 3**  
Working with partners there will be "no health without mental health" and services will be "joined up"

**Principal Risk:**  
NTW being marginalised in STP leading to impact on integration agenda.

**Risk Rating:**

Risk on identification (May 2017):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	2	10	Low
4	1	4	Very Low
<b>Quality Effectiveness</b>			<b>Within</b>

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

1. Active engagement in Sunderland MCP, member of Partnership Board
2. Membership of Newcastle Gateshead AOs Meeting
3. Membership of Gateshead Accountable Care Partnership Board
4. Member of Newcastle Task Force
5. Strategic Partner of Northumberland ACO
6. Joint sponsors of Mental Health STP
7. Active engagement in CNE Leadership Forum

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

**Gaps in Controls**  
(Actions to achieve target risk)

1. Locality leadership model to be embedded
2. Formal MOU /partnership agreements

**Ref:** SA3.4

**Review Comments:**

Executive Lead: Deputy Chief Executive	Board Sub Committee: Board	Last Updated/Reviewed: July 2017
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**Strategic Ambition 4**

The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	4	16	Moderate
5	3	15	Moderate
5	2	10	Low
<b>Finance/VfM</b>			<b>Within</b>

<b>Controls &amp; Mitigation</b> (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. New Models of Care for CAMHS Tier 4 and forensic services. 6. Business Case and Tender Process (PGN). 7. Horizon Scanning. 8. Commissioning and Quality Assurance Procedures.

<b>Assurances/ Evidence</b> (how do we know we are making an impact)
1/2. Annual Governance Statement and Annual Accounts subject to External Audit. 2. Operational Plan 2017/18 3. NTW1617 27 Agreements -substantial Assurance with no issues of note. 4. Quarterly partnership Meeting minutes 6. NTW1617 36 Responding to Tenders - Substantial Assurance with minor remedial Action Required. 8. Compliance with commissioning and contract requirements.

<b>Gaps in Controls</b> (actions to take to achieve target)
1. Updated Marketing Strategy to be agreed 2. Capacity to manage multiple tenders.

Ref: SA4.1

**Review Comments: gaps in control completed.**

**Executive Lead: Deputy Chief Executive**

**Board Sub-Committee: RBAC**

**Updated/Review Date: July 2017**



**Strategic Ambition: 4**

The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

**Principal Risk:**

That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.

**Risk Rating:**

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

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	3	15	Moderate
5	2	10	Low
Finance/VfM			Within

**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 2017/18 agreed by NHSI
3. Going concern report 2016.
- 5.Internal and External Audits.
7. Accountability Framework Report.
2. NTW1617 20 Quality Impact of FDP - substantial assurance with minor issue.

**Gaps in Controls**

(actions to take to achieve target)

1. Delivery of Operational Plan 2017/18.
2. Delivery of Local Health system Sustainability and Transformation Plans.
3. Delivery of 5 Year Trust Strategy 2017-2022 and supporting Strategies.
5. Rebasing of budget.

Ref: SA4.2

Review Comments: amendments to assurances.

Executive Lead: Deputy Chief Executive

Board Sub-Committee: RBAC

Updated/Review date: July 2017

**Strategic Ambition: 4**  
 The Trust's Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

**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):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	4	20	High
4	3	12	Moderate
<b>Finance/VfM</b>			<b>Exceeded</b>

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

- 1.Integrated Governance Framework.
- 2.Stakeholder and partner locality Executive Leads and reporting processes and CBU locality model.
- 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 & consideration of locality working through BDG & Execs.
4. Operational Plan 2017/19 reviewed by NHSI.

**Gaps in Controls**  
 (actions to achieve target risk)

1. Operational Plan 2017-19 agreed with NHSI.
2. Contribution to and approval of Local Health System Sustainability and Transformation Plans.
3. Delivery 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: SA4.3

**Review Comments: controls added, amendment to assurances and Gaps in control added.**

**Executive Lead: Chief Executive**      **Board Sub-Committee: Board**      **Updated/Review Date: July 2017**

**Strategic Ambition: 4**

The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

**Corporate Risk:**

That we enter into unsound business partnership arrangements leading to reputational and patient safety risks.

**Risk Rating:**

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

**Risk Appetite:**

Impact	Likelihood	Score	Rating
3	2	6	Low
4	3	12	Moderate
2	2	4	Very Low
<b>Reputation:</b>			<b>Within</b>

<b>Controls &amp; Mitigation</b> (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.

<b>Assurances/ Evidence</b> (how do we know we are making an impact)
2.NTW 16/17 36 Responding to Tenders to tenders - Substantial Assurance

<b>Gaps in Controls</b> (Actions to achieve target risk)
1. review of Business Case Tender Process 2. Capacity to manage multiple tenders. 3. Governance of proposed external bid writers consultancy

Ref: SA4.4

**Review Comments: gaps in control complete.**

Executive Lead: Deputy Chief Executive | Board Sub Committee: RBAC | Updated/Review Date: May 2017

**Strategic Ambition: 5**  
The Trust will be a centre of excellence for Mental Health and Disability.

<b>Corporate Risk:</b> That we do not meet compliance & Quality Standards	<b>Risk Rating:</b>  Risk on Identification Residual Risk (with current controls in place): Target Risk (after improved controls): <b>Risk Appetite:</b>	<b>Impact</b>	<b>Likelihood</b>	<b>Score</b>	<b>Rating</b>
		5	3	15	Moderate
		4	2	8	Low
		4	1	4	Very Low
<b>Compliance/Regulatory:</b>				<b>Within</b>	

<b>Controls &amp; Mitigation</b> (what are we currently doing about the risk)	<b>Assurances/ Evidence</b> (how do we know we are making an impact)	<b>Gaps in Controls</b> (Actions to achieve target risk)
1. Integrated Governance Framework. 2. Trust Policies and Procedures. 3. Compliance with NICE Guidance. 4. CQC Compliance Group-review of compliance and Action Plans. 5. Performance Review/Integrated Commissioning and Assurance reports. and Action Plans. 6. Accountability Framework. 7. Regulatory framework of CQC and NHSI.	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.	1. CQC Comprehensive Inspection action plans. 2. Well led review action plan to be agreed by board.

Ref: SA5.1

**Review Comments:**

<b>Executive Lead: Executive Director Commissioning &amp; Quality Assurance</b>	<b>Board Sub Committee: Q&amp;P</b>	<b>Updated/Review Date: July 2017</b>
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**Strategic Ambition 5**

The Trust will be a centre of excellence for Mental Health and Disability.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	3	12	Moderate
4	3	12	Moderate
4	2	8	Low
<b>Compliance/Regulatory:</b>			<b>Exceeded</b>

**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. Compliance with policy/training requirement
  2. NTW1617 33 MHA Section 17
- Good level of assurance with minor remedial actions.
2. NTW1617 34 MHA Section 136 good level of assurance with minor remedial actions.

**Gaps in Controls**

(Actions to achieve target risk)

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

Ref: SA5.2

**Review Comments: Assurances added**

**Executive Lead: Executive Medical Director**

**Board Sub Committee: MHL Group**

**Updated/Review Date: July 2017**

**Strategic Ambition: 5**  
The Trust will be a centre of excellence for Mental Health and Disability.

**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):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	2	8	Low
4	2	8	Low
4	1	4	Very Low
<b>Compliance &amp; Regulatory:</b>			<b>Within</b>

**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**  
(Actions to achieve target risk)

1. Well Led Review Action Plan to be agreed by board.
2. Improve data quality maturity index (improvement from 83.3% to 91% in latest published information).

Ref: SA5.3

**Review Comments: Action amended.**

<b>Executive Lead: Executive Director of Commissioning &amp; Quality Assurance</b>	<b>Board Sub Committee: Q&amp;P</b>	<b>Updated/Review Date: July 2017</b>
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**Strategic Ambition: 5**  
The Trust will be a centre of excellence for Mental Health and Disability.

**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):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	2	8	Low
4	1	4	Very Low
<b>Quality Safety:</b>			<b>Exceeded</b>

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

- Trust Policies and Procedures.
- Reporting and monitoring of complaints, litigation, CLIPS, incidents etc.
- National Reports on Quality and Safety.
- Health and Safety Inspections.
- CQC Compliance Group.

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

- NTW1617 05 Health & Safety Internal Audit reasonable assurance.
- Safety Report to Board and Q and P.
- Clinical Audits and Action Plans.
- NTW1617/22 Safety Inspection Re-audit - Reasonable assurance with High/Medium priority issues
- CQC Final Report Outstanding rating.
- NTW1617 08 IA Positive Safe & overarching clinical risk strategy - Good Assurance

**Gaps in Controls**  
(Actions to achieve target risk)

- IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & Re-audit.
- Health & Safety Policy Update. (30.09.2017)
- Roll out of electronic risk assessments via Safeguard system. (30/09/2017)
- Risk assessment training (Sept 17 -Mar 18)
- NTW1617/22 Safety Inspection Re-audit - Reasonable assurance with High/Medium priority issues

Ref: SA5.4

**Review Comments: assurance added, gaps in control added.**

**Executive Lead: Executive Director of Nursing      Board Sub Committee: Q&P      Updated/Review Date: July 2017**

**Strategic Ambition: 5**

The Trust will be a centre of excellence for Mental Health and Disability.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
5	2	10	Low
4	2	8	Low
<b>Quality Safety:</b>			<b>Exceeded</b>

**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, 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)**

1. Annual review of Governance Framework.
2. Policy Monitoring Framework including Auditable standards, KPI and Annual review.
- 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. NTW1617 32 Risk Management - Substantial Assurance with remedial actions to take
- 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: SA5.5

**Review Comments: Assurance added.**

**Executive Lead: Executive Director of Nursing**

**Board Sub Committee: Q&P**

**Updated/Review Date: July 2017**



**Strategic Ambition: 5**

The Trust will be a centre of excellence for Mental Health and Disability.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	2	10	Low
5	1	5	Very Low
5	1	5	Very Low
<b>Quality Safety:</b>			<b>Within</b>

<b>Controls &amp; Mitigation</b> (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.

<b>Assurances/ Evidence</b> (how do we know we are making an impact)
1. Accountability Framework. 1/2.Trust wide Policy Work Plan and monitoring of 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.

<b>Gaps in Controls</b> (Actions to achieve target risk)

Ref: SA5.6

**Review Comments: Actions completed, risk to be closed.**

**Executive Lead:** Executive Director of Nursing      **Board Sub Committee:** Q&P      **Updated/Review Date:** July 2017

**Strategic Ambition: 5**

The Trust will be a centre of excellence for Mental Health and Disability.

**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):

**Risk Appetite:**

Impact	Likelihood	Score	Rating
5	3	15	Moderate
4	3	12	Moderate
4	2	8	Low
<b>Compliance &amp; Regulatory:</b>			<b>Exceeded</b>

**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 Frramework.
4. CQC Comprehensive Inspection 2016

**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.
4. CQC Outstanding rating public report.

**Gaps in Controls**

(Actions to achieve target risk)

1. Well Led Review Action Plan to be signed off by board.
2. Recruitment of Corporate & Quality Governance Manager.

Ref: SA5.7

**Review Comments: Gaps in control added.**

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

**Board Sub Committee: Board**

**Updated/Review Date: July 2017**

**Strategic Ambition: 5**  
The Trust will be a centre of excellence for Mental Health and Disability.

**Principal Risk:**  
Failure to develop NTW Academy resulting in the lack of enhanced future nursing supply.

**Risk Rating:**  
Risk on identification (May 2017):  
Residual Risk (with current controls in place):  
Target Risk (after improved controls):  
**Risk Appetite:**

Impact	Likelihood	Score	Rating
4	5	20	High
4	3	20	High
3	3	12	Moderate
<b>Workforce</b>			<b>Exceeded</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**  
(Actions to achieve target risk)  
Proposal to BDG June 2017  
Further work on infrastructure  
Academy Board  
Programme Board

Ref: SA5.8

Review Comments:

Executive Lead: Director of Nursing      Board Sub Committee: Q&P      Last Updated/Reviewed: July 2017

Internal Audit Plan 2017/20			
Review Area	2017/18	2018/19	2019/20
Assurance Framework	•	•	•
Decision Making Framework	•		
Governance Structure		•	
Complaints and Claims Management – Handling/learning Lessons		•	
Openness and Honesty/Duty of Candour	•		•
Research and Development, including NIHR CRN Funding			•
Business Continuity Planning	•		
Integrated Emergency Management	•		
Third Party Assurance	•	•	•
Conflicts of Interest	•		
Risk Management (rolling programme)	•	•	•
Information Sharing		•	
IM&T Governance		•	
IM&T Strategy		•	
IM&T Risk Management			•
Cyber Security; Server Security & Administration	•	•	•
Cyber Security; Patch Management	•	•	•
Cyber Security; Backup and Recovery	•	•	•
Cyber Security; Malware and Antivirus Procedures	•	•	•
Cyber Security; Core network / LAN / Storage (SAN)		•	
Cyber Security; Active Directory and User Management			•
Cyber Security; Perimeter Security – Firewalls, External Links		•	
Cyber Security; Wireless Network	•		
Cyber Security; Cloud Services Provision (Office 365)	•		
Cyber Security; Data Centres - Physical and Environmental Controls	•		
Cyber Security; Network Infrastructure – Device Management			
Cyber Security; Server Virtualisation			
Cyber Security; Telephony/VoIP (Cisco IPT)	•		
Cyber Security; Web Filtering and Monitoring (IT Security)			•
Business Continuity/IT Disaster Recovery	•		

Review Area	2017/18	2018/19	2019/20
Desktop Management		•	
Mobile Computing/Security			•
Clinical and Operational System Reviews: RiO	•		
Clinical and Operational System Reviews:ePrescribing	•	•	
Clinical and Operational System Reviews: Ascribe Pharmacy			•
Clinical and Operational System Reviews: Omnicell			•
Clinical and Operational System Reviews: Backtraq			•
Clinical and Operational System Reviews: TAeR		•	
Clinical and Operational System Reviews: Digital Dictation		•	
Clinical and Operational System Reviews: IAPTus		•	
Clinical and Operational System Reviews: Safeguard			•
IT Service Management	•		
Software License Management		•	
Systems Development	•		
Financial Delivery Plan		•	
Pay Expenditure	•	•	•
Salary Overpayments		•	
Procurement	•	•	•
Financial Reporting & Budgetary Control	•	•	•
Financial Accounting/General Ledger	•	•	•
Accounts Payable	•	•	•
Accounts Receivable	•	•	•
Bank and Treasury Management	•	•	•
Stores and Stock		•	
Reference Costs	•		•
Cashiers (Rotational Coverage)		•	
Central Patients		•	
Monies and Belongings			
Non Pay PAYE		•	
Specific Service Audits	None Identified	•	•
Losses and Special Payments			•

Review Area	2017/18	2018/19	2019/20
Charitable Funds		•	
CQC Process	•		•
Sustainable Development / CRC Energy Efficiency Scheme			•
Information Governance Toolkit	•	•	•
NHS Premises Assurance Model		•	
NHS Improvement Single Oversight Framework		•	
Data Quality Improvement	•		•
Plan/Data Quality Audit			
NICE			•
Patient Experience (rolling programme)	•	•	•
Performance Management and Reporting (rolling programme)	•	•	•
Security Management (rolling programme)	•	•	•
Waste Management		•	
Transport	•		•
Fire Safety	•		•
Business Cases	•		
Organisational Culture (rolling programme)	•	•	•
Tendering for Clinical Services			•
Joint Working Arrangements (Sub Contracts)		•	
PFI Contract Monitoring	•		
Patient Care and Non Patient Care Activities Income	•	•	•
Asset Management	•		
Capital Planning & Monitoring	•		
Capital Procurement		•	
Delivery of Maintenance, Repairs & Improvements	•		
Recruitment & Selection (incl. pre-employment & rolling DBS checks)		•	
Time, Attendance and	•	•	•
e-Rostering (TAeR) (rolling programme)			
Medical Revalidation		•	
Professional Registrations		•	
Staff Appraisal		•	

Review Area	2017/18	2018/19	2019/20
Skills and Training (rolling programme)	•		•
Delivery of Occupational Health Service against Contract		•	
Monitoring of Absences	•		
Consultant Job Planning		•	
Equality and Diversity			•
Clinical Audit	•		•
Mortality Reporting		•	
Records Management	•		•
National Alert Systems	•		•
Safeguarding Arrangements	•		•
Infection Control	•		•
Medical Devices Management	•		•
Pharmacy Processes			•
Mental Health Act (Rolling Programme)	•	•	•
Health & Safety (Rolling Programme)	•	•	•
Follow up	•	•	•
Contingency	•	•	•
Strategic & Operational Planning	•	•	•
Annual Report	•	•	•
Audit Management	•	•	•

**Clinical Audit Plan 2017/18**

	Audit Topic	Board Assurance 3 Year Plan					
		17-18				18-19	19-20
		Q1	Q2	Q3	Q4		
1	Board Assurance Audits						
1.1	Clinical Supervision			•			
1.2	Nutrition			•		•	•
1.3	Medicines Management: Prescribing	•				•	•
1.4	MMRA Safe and secure handling				•		
1.5	Seclusion 16-17		•			•	•
1.6	Care Coordination Audit – Specialist Care		•			•	•
1.7	Care Coordination Audit – Inpatient Care Group			•		•	•
1.8	Care Coordination Audit – Community Services Group				•	•	•
1.9	Restraint				•		
1.1	Clustering					•	
1.11	High-dose Anti-psychotic Prescribing			•			
2.1	POMH-UK Topic 17a Use of Depot	•	•	•			
2.3	Neuro-Rehabilitation			•		•	•
2.4	National Audit of Anxiety and Depression						
2.5	National Audit of Psychosis						
3.1	Prescribing Valproate		•				
3.2	Audit of MDT Formulation in Stepped Care Units		•				
3.3	Audit of Local Level Clinical Audits		•				
4.1	High-dose Anti-psychotic Prescribing in Community Services		•				
4.2	6-monthly reviews of Depot Medication		•				
4.3	Explanation of Rights given to CTO within the 7 day follow-up process		•				
4.4	Unallocated case reviews and their allocation		•				
4.5	Clozapine Monitoring		•				
4.6	Timeliness of discharge summaries		•				
4.7	NICE CG192: Physical Health Monitoring in Pregnancy		•				
4.8	Observation and Engagement		•				
4.9	NICE NG72: Attention deficit hyperactivity Adult ADHD		•				





