NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 25 November 2015

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

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Board is asked to consider the most recent version of the Board Assurance Framework.

The methodology for reviewing items to be included within the BAF has been recently reviewed, and it has been agreed that only principal risks (those with a score of more than 15) will be included in the BAF – reducing the number of risks that are presented to the Board from 35 to eight.

Planned risk scores are also now included within the BAF. All identified risks to strategic objectives are shown at Appendix 1 and the revised BAF is shown at Appendix 2 (nb the presentational format is to be reviewed further).

The NTW Risk Management Policy, along with the existing Group and departmental risk registers are to be reviewed in line with the revised methodology.

Outcome required: For information

BOARD OF DIRECTORS MEETING

25 November 2015

Board Assurance Framework

Purpose

To submit to the Board of the most recent version of the Board Assurance Framework and to highlight recent agreed changes in the approach to the management of risks to strategic objectives (as documented in the Board Assurance Framework).

Summary of key changes to the Board Assurance Framework (BAF)

- A comprehensive review has taken place with Executive Directors and further discussed at the October 2015 closed Board meeting and the Audit Committee.

- It was decided not to fundamentally review the Strategic Objectives themselves at this point in time although some minor changes have been made. The Strategic Objectives will be reviewed as part of the forthcoming review of the organisation's strategy.

- Only those risks to Strategic Objectives with a current (residual) score of 15 or more are identified as "Principal Risks" on the BAF. Any identified risks to strategic objectives with a current score of less than 15 remain on the Trust Corporate Risk Register but are no longer included on the BAF.

- Current and planned risks only are include in the BAF, removing the risk score before mitigation.

- The risk owners have also been reviewed, with a number of changes made to reflect current Executive Director portfolios.

- The NTW Risk Management Policy, along with the existing Group and departmental risk registers are to be reviewed in line with the revised methodology.

- Two new risks to Strategic Objectives have been identified as follows:

    o SO1.6 - lack of ownership of PFI buildings. Restrictions in contracts hinder ability to develop estate (Deputy Chief Executive) – nb this is not a principal risks so will show on the corporate risk register only.

    o SO2.11 - That we misreport compliance and quality standards through data quality errors (Executive Director of Performance & Assurance) – this has been disaggregated from an existing risk and is a not a principal risk so will show on the corporate risk register only.

- Following review, three risks have increased risk scores:

  o S02.1 That we have a significant loss of income through competition and choice, including the possibility of losing large services and localities (nb this wording to undergoing further review) This risk has increased from low to moderate.

  o S03.3 That we are unable to recruit and retain staff in key posts – the risk score has increased and remains moderate.

  o S05.9 That the scale of change and integration agenda across the NHS could affect the sustainability of services and Trust financial position. This risk has increased from low to moderate.

- Appendix 1 summarises the strategic objectives, the risks identified to those objectives and those highlighted are the principal risks that it is proposed will comprise the Board Assurance Framework. While there are risks identified against all Strategic Objectives, not all of the Strategic Objectives have principal risks identified on the Board Assurance Framework.

- Appendix 2 is the most recent version of the Board Assurance framework. The presentational format is to be reviewed further.

Recommendations

The Board is requested to:

- note the information included within this report and associated documents

- support the ongoing development activity of both the BAF and the corporate risk register and ensure that risks on the Board Assurance Framework continue to be regularly reviewed.

Lisa Quinn, Executive Director of Performance & Assurance
November 2015

Appendix 1 Summary of Strategic Objectives and Key Risks Identified (those on the Board Assurance Framework are highlighted yellow):

Strategic Objective	Key Risk / Lead	CE	DCE	DoP&A	MD	DoN&C	DoWOD
Strategic Objective 1 To modernise and reform services in line with local and national strategies and the needs of individuals and communities, providing first class care in first class environments	**SO1.1 - That we do not develop and correctly implement service model changes**		X				
	SO1.2 - That we do not effectively engage commissioners and other key stakeholders leading to opposition or significant delay in implementing service model review changes and other major planned service changes	X					
	SO1.5 - That we do not effectively develop and manage the capital development programme, including generating capital and controlling expenditure, in order to deliver first class environments		X				
	SO1.6 - lack of ownership of PFI buildings. Restrictions in contracts hinder ability to develop estate.		X				
Strategic Objective 2 To be a sustainable and consistently high performing organisation	**SO2.1 - That we have a significant loss of income through competition and choice, including the possibility of losing large services and localities**		X				
	SO2.2 - That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and the cost improvement programme)		X				
	SO2.3 - That the implementation of PbR for mental health impacts on the Trust's financial stability		X				
	SO2.6 - That we do not follow financial procedures and processes		X				
	SO2.7 - That we do not meet compliance and performance standards and/or misreport on these through data quality errors			X			
	SO2.8 - That we do not meet significant statutory and legal requirements					X	
	SO2.9 - That we enter into unsound or ineffective business partnership arrangements, leading to possible income loss, reputation risk and patient safety risk		X				
	SO2.11 - That we misreport compliance and quality standards through data quality errors			X			
Strategic Objective 3 To be a model employer, an employer of choice and employer that makes the best use of the talents of the entire workforce	**SO3.1 - That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity**						X
	SO3.2 - That we do not sufficiently develop the capability of management and clinical teams to deliver change, including embedding leadership skills across the Trust						X
	SO3.3 - That we are unable to recruit and retain staff in key posts						X
	SO3.4 - That staff have a lack of key skills and knowledge						X
	SO3.5 - That staff do not comply with employment legislation and follow Trust HR policies and management guidance						X
Strategic Objective 4 Fully embrace and support service user, carer, staff and public involvement, including our membership, in all aspects of our work	SO4.1 - That we do not deliver effective Trust wide communication and involve our staff	X					
	SO4.2 - That we do not effectively communicate with and involve service users and carers					X	
	SO4.3 - That we do not effectively communicate with and involve our Council of Governors and Foundation Trust members	X					

Strategic Objective	Key Risk / Lead	CE	DCE	DoP&A	MD	DoN&C	DoWOD
Strategic Objective 5 Provide high quality evidence based and safe services supported by effective integrated governance arrangements	SO5.1 - 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					X	
	SO5.2 - That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments					X	
	SO5.5 - That there are risks to the safety of service users and others if clinical policies and procedures are not accessible, clear and understandable, with effective processes in place to ensure that they are implemented					X	
	SO5.6 - 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 not sufficiently responsive to demands					X	
	SO5.7 - The risk that high quality, evidence based and safe sevices will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance				X		
	SO5.8 - That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of services			X			
	SO5.9- That the impact of the financial climate on individuals and partner organisations increases demands on the Trust's services, affecting the delivery of high quality and safe services	X					
	SO5.10- That we do not have effective governance arrangements in place			X			
Strategic Objective 5 Provide high quality evidence based and safe services supported by effective integrated governance arrangements	SO6.2 - That we do not effectively manage the transition of full health records from paper to electronic, including ensuring data quality			X			
	SO6.3 - That we do not further develop integrated information systems across partner organisations			X			
	SO6.4 - That staff do not follow Information Governance, Caldicott and IM&T policies and procedures			X			
Strategic Objective 7 Be an influential organisation which supports and enables social inclusion	SO7.1 - By not maintaining and developing effective relationships and partnerships with key stakeholders at strategic levels, we do not progress social inclusion	X					

Strategic Objective 1		To modernise and reform services in line with local and national strategies and the needs of individuals and communities, providing first class care in first class enviro		
Principal Risk Reference, Description & Executive Lead:				
Mitigating Key Controls				
Programme Board. Community Transformation Programme, Specialist Care Transformation Programme & Inpatient Transformation reports to CDT & Trust Board. Linked into local MH Programme Boards. Community Transformation & implementation groups.	Group Business Meeting - group ownership, reports to CDT, effective post project evaluation and feedback to operational structures	Business Development Group	Service User and Carer Network Reference Group	Business Case Process
ResidualRisk Rating (Impact x Likelihood)				
5x3=15				
Previously: *no change*				
How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)				
			Feedback through user and carer Trustwide Lead into Programme Board. Exec and Director engagement with Service User and Carer Network	Each individual service change subject to business case, under scrutiny through FIBD, CDT and Board
Gaps in Control				
			Formal feedback into Programme Board and as appropriate Trust Board. Review direct involvement in project structure	
*****new ***plans to reduce gaps in control**				
Planned Risk Rating (Impact x Likelihood)				
5x3=15				
Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)				
Programme management IA, Transforming Services - 1415/NTW/57 Significant assurance with issues of note				1415/NTW/49 - Compliance with responding to tenders and business case process PGN. Significant assurance with no issues of note.
Date of Next Internal/External Audit or Independent Review				
Internal Audit plan 1.2.1 review of governance structure planned for 15/16 Q4.			Plan 3.26 Patient Experience 15/16 Q3	
Gaps in Assurance				
Comtinuing external review by LSE of community transformation. Lack of clear benefits realisation across all programmes			Review of effectiveness of service user and carer engagement and involvement	
How we manage these Gaps (Control and Assurance)				
Review of PCP - Benefits Realisation				
Update/Comment				
September 2015 - delay in LSE review				

Strategic Objective 1	To modernise and reform services in line with local and national strategies and the needs of individuals and communities, providing first class care in first class environme

Principal Risk Reference, Description & Executive Lead: SO1.2 - That we do not effectively engage public, commissioners and other key stakeholders leading to opposition or significant delay in implementing our service strategy - CE

Mitigating Key Controls

Management of relationships with partners, including CCG's, LA's, MPs etc	Membership of Health and Wellbeing Boards	Partnership Working arrangements	Trust Business Case Development Guide, includes public consultation process	Communication Strategy. Specific engagement strategy for transforming services. Use of Trust communications outlets such as The Bulletin supported by specific initiatives	Public consultation on major service change (supporting CCGs with their statutory responsibility to consult)

ResidualRisk Rating (Impact x Likelihood)

5x3=15

Previously: *no change*

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)

Executive leads have been identified and robust liaison arranegments are in place with localities. Update reports provided to CDT, and Chief Exec includes significant issues in Chief Exec report to Board. Regular meetings with local MPs.	6 monthly report of Health and Wellbeing Boards to Trust Board	Annual update report to Board	Monthly Business Development Group progress updates to FIBD	Feedback from staff and other stakeholders	Feedback on consultation

Gaps in Control

Capacity to liaise with all local stakeholders / differing priorities across 6 localities.	Gateshead and Sunderland gaps, but alternative arrangements in place		Review of Business Case process in progress	Draft Communications Strategy discussed by Board in ? 2015- further work required	Media management and engagement with public / capacity to support consultation arrangements and options.

***new ***plans to reduce gaps in control

			1415/NTW/49 - Compliance with responding to tenders and business case process PGN. Significant assurance with no issues of note.		

Planned Risk Rating (Impact x Likelihood)

5x3=15

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)

				Formalise feedback and gather lessons on engagement	

Date of Next Internal/External Audit or Independent Review

Gaps in Assurance

How we manage these Gaps (Control and Assurance)

Update/Comment

Board development session July 2013				To progress agreement with Staff Side . Final communications strategy to be agreed by Board	Dedicated staff capacity created to support.

Strategic Objective 2 To be a sustainable and consistently high performing organisation
Principal Risk Reference, Description & Executive Lead:

Mitigating Key Controls

Engagement with Clinical Commissioning Groups (CCGs) (see also SO1.2)	Agreed contracts in place and framework for managing change	Customer Relationships Approach	Marketing Strategy	Horizon Scanning	Tender Process (FIBD - Sept 12)

ResidualRisk Rating (Impact x Likelihood)

5x3=15

Previously: 3x3 = 9

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)

Monthly Trust Board reports on progress against plan as part of Financial Report in IPR	Monthly/Quarterly contract management meetings		Commercial and Marketing Highlight Report to FIBD and SMT	3 Year Operational Plan approved by Board March 2014.5 Year Strategic Plan approved by Board June 2014. IBP approved by Board	Commercial and Marketing Highlight Report to FIBD and CDT includes update reports on current and future tenders

Gaps in Control

Transitional arrangements for Commissioners		Need to review / strengthen approach	Review of Marketing Strategy in progress		Review of Tender process in progress

***new ***plans to reduce gaps in control

Planned Risk Rating (Impact x Likelihood)

5x3=15

Last Internal/external Audit and/or Independent Assurance
(Date/Title and Overall Conclusion)

	1415/NTW/36 NHS and Non Healthcare and Diagnostic Services Agreements, Significant Assurance, Key controls testing audit - Nov 14				1415/NTW/49 - Compliance with responding to tenders and business case process PGN. Significant assurance with no issues of note.

Date of Next Internal/External Audit or Independent Review

	NHS Healthcare Agreements - plan 5.6 15/16 Q2				

Gaps in Assurance

How we manage these Gaps
(Control and Assurance)

Update/Comment

Report to Board / sub-committee	Internal audit - NHS agreements and other clinical support agreements (1213/NTW/44)	To identify and implement action			

Strategic Objective 2	To be a sustainable and consistently high performing organisation			
Principal Risk Reference, Description & Executive Lead:		SO2.2 - That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and the cost improvement programme) - DCE		

Mitigating Key Controls				
Operational Plan/Strategic Plan/IBP/Long term financial model/ Updated Financial Strategy			Financial Reporting through Trust Board, CDT, FIBD and GBM.	Transforming Services Programme - aligning long term strategy/ service redesign with funding

ResidualRisk Rating (Impact x Likelihood)				
5x3=15 Previously: *no change*				

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)				
2 Year Operational Plan approved by Board March 15, 5 Year Strategic Plan approved by Board June 2014. Monthly Trust Board reports on progress against financial plan	Financial Strategy update(Board March 15)	Going Concern Report prepared by Audit Committee in March 2015 and recommended to Board the Trust is a going concern in May 2015. Board approved Annual Plan and Corporate Governance Statements in May 2015.	Monthly progress reports as part of Finance Report (IPR report)	Regular progress reports to Transforming Services Board /Trust Board

Gaps in Control				
Lack of 5 year plan and in year financial delivery plan only.			Significant assurance Budgetary Central Control (April 2012) 1415/NTW/13 Cost Improvement Programme - Significant Ass with one issue - Nov 14	

***new ***plans to reduce gaps in control				
14/15/NTW/39 - Financial systems: key controls, significant assurance with no issues of note				

Planned Risk Rating (Impact x Likelihood)				
5x3=15				

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)				

Date of Next Internal/External Audit or Independent Review				

Gaps in Assurance				

Update/Comment				
Development of 5 year plan by April 2016				

Strategic Objective 3 — To be a model employer, an employer of choice and employer that makes the best use of the talents of the entire workforce
Strategic Objective 3 — To be a model employer, an employer of choice and employer that makes the best use of the talents of the entire workforce

Principal Risk Reference, Description & Executive Lead:
Principal Risk Reference, Description & Executive Lead: SO3.1 - That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity and staff engagement. DoWOD

** continued***

Mitigating Key Controls

Workforce Strategy	Workforce KPIs	Group / Directorate Workforce Plans	Transitional Employment and Development (TED)	Time and Attendance / e-rostering / Core Shift Patterns	NTW(HR)10 Attendance and Sickness Absence Management Policy	Mobilising the PCP Workforce IT workstream	Staff Survey / Staff FFT	Health and Wellbeing Strategy	HR Framework	Leadership and Management Programme	Staff Side Engagement and Partnership	Medical Job Planning
Workforce Strategy - approved by Trust Board June 2015	Workforce KPIs	Group / Directorate Workforce Plans and Q&P Meetings	Transitional Employment and Development Approach	Time and Attendance and e-rostering system and Core Shift Patterns	NTW(HR)10 Attendance and Sickness Absence Management Policy	Mobilising the PCP Workforce IT workstream	Staff Survey/ Staff FFT	Health and Wellbeing Strategy	HR Framework	Leadership and Management Programme monitored through Leadership and Trust Programme Boards. A range of OD, Leadership & Management strategies are in place.	Staff Side Engagement and Partnership Agreement. Staff side seat on Transformation Board and engagment and involvement in delivery programmmes and projects	Medical Job Planning

ResidualRisk Rating (Impact x Likelihood): 5x3=15
Previously: *no change*

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)

C1 Workforce Strategy	C2 Workforce KPIs	C3 Group/Directorate	C4 TED	C5 Time & Attendance	C6 Attendance/Sickness	C7 Mobilising PCP IT	C8 Staff Survey/FFT	C9 Health & Wellbeing	C10 HR Framework	C11 Leadership & Mgmt	C12 Staff Side	C13 Medical Job Planning
The strategy will be monitored by the Workforce Committee when established. Regular Workforce reports to Board, Q&P Ottee, Group Q&Ps and the Workforce, Training and Development Sub-Committee	KPIs monitored through the Workforce, Training and Development Sub-Committee of Q&P Committee and Board and at Group Q&Ps.	Organisational Change progress reports to the Workforce Committee (when established) including workforce risks	TED performance metrics are monitored quarterly by the Workforce, Training and Development Sub-Committee when established.	Trust Board reports on progress against plan (July 11), Discussed at Operational Consultative Comitees. **TAED project board meet quarterly to report on progress against plan**	Progress/performance reports to Board, Q&P, Group Q&Ps, and the Workforce, Training and Development Sub-Committee	Occupational Health review - re-tender completed 2014 and awarded to Team Prevent	Informatics Highlight report to FIBD	Reports and analysis to Trust Board, CDT, Q&P, Group Q&Ps and Workforce Committee (when established)	HR Framework reviewed for each episode of change and agreed with staffside. Successful implementation of new workforce models with minimal employee relations issues.	Progress reports to Workforce Committee (when established). NTW Top Leaders programme in place, participation in Leadership Academy programmes, Level 1 leadership courses being rolled out. New management development programme in place.	Development and Partnership sessions with staff side. Individual consultations with staff on specific changes, involving staff side engagment	

Gaps in Control

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
Workforce committee structure still to be established.	Workforce committee structure still to be established.	Workforce committee structure still to be established. Group Workforce plans developed and profession specific workforce plans to be worked through eg Medical	Workforce committee structure still to be established.TED approach may not be fit for corporate services staff	Evaluation of TAED benefits analysis required			Workforce committee structure still to be established. Limited feedback to date re Group actions in response to staff FFT results/comments	Draft Health and Wellbeing Strategy to be agreed at CDT Autumn 2015		Workforce committee structure still to be established. Programmes to be evaluated by OD Committee (sub group of workforce committee) when established.	Formal review of effectiveness required	Review of performance reporting arrangements in progress.

***new ***plans to reduce gaps in control

(no entries)

Panned Risk Rating (Impact x Likelihood): 5x3=15

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
	Workforce KPI audit completed Sept 12 - significant assurance with no issues of note achieved (1213/NTW/20, system based audit with compliance testing) **nb recent performance audit?**		14/15/NTW/48 Compliance with recruitment and selection processes, including disclosure and barring service (DBS) checks - significant assurance with no issues of note	1213/NTW/23, Time and Attendance operation at ward level. Sign Ass with Issues of Note, systems based audit with compliance testing. 12/13/NTW19 Time, attendance and E-rostering of bank and agency staff, Sig Ass with Issues of Note; 1213/NTW/42 - TAer - Sig Ass, 1314/NTW/10 TAeR Ferndene - Sig Ass with issues of note - Sept 13, NTW3086 TAER System Weakness - Fraud Referral - no fraud implications June 2014	Internal Audit - 1415/NTW/14 significant assurance with issues of note	Internal audit - Team Prevent (1213/NTW/21) - significant assurance with issues of note - compliance with DPA requirements 7th data protection principle					Transforming Services 1415/NTW/57	1314/NTW/46 Compliance with Medical Revalidation - sig ass with issues of note, 1415/NTW/09 Medical Job Planning - ltd ass 1415/NTW/40 Private Practice -Ltd ass SH

Date of Next Internal/External Audit or Independent Review

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
	Workforce KPIs - plan 10.3 Annual Q1 & Q2		A review of TED was carried in April 2014 - further consideration of the review is needed and will be picked up as TED transitions into operational services.	TAeR - Plan 7.2.2 Annual Q4 1516 Q3 2014/15 - the Director of Nursing and Operations is currently leading a review of core shift patterns - this is ongoing (Sep 2015)		Occupational Health audit - Plan 9.8 completed Q1 1516						Medical Revalidation- plan 9.4 15/16 Q2 Medical Job planning - plan 9.11 15/16 Q3

Gaps in Assurance

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
Need for overview reports on implementation of strategy			NB the scope of the recruitment and selection audit did not cover TED									1415/NTW/09 Medical Job planning - limited assurance **(M J Taachi?)**

How we manage these Gaps (Control and Assurance)

(no entries)

Update/Comment

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
	Developing new Terms of Reference and standing agenda for Workforce, Training and Development Sub-Committee	Group Nurse Directors are responsible for the development of Group workforce plans	It is difficult to fully utilise the TED approach for corporate services staff.	The rollout of the TAER project has been paused following a review of IM&T priorities. The current use of the TAER system is managed within operational services.	The Sickness absence strategy has been developed, training is being provided. New contract review process has been established with Team Prevent with regular review meetings held.				Ongoing learning from implementing innovative processes	Organisational Development Strategy agreed at Trust Board June 2015.	Joint Partnership day held March 2015.	SARD (Strengthened Appraisal and Revalidation Database) implemented and now in use.

Strategic Objective 3 — To be a model employer, an employer of choice and employer that makes the best use of the talents of the entire workforce

Principal Risk Reference, Description & Executive Lead: — SO3.3 - That we are unable to recruit and retain staff in key posts - DoWOD

Mitigating Key Controls

Workforce Strategy - approved by Trust Board June 2015	Group / Exec Directorate Workforce Plans	Embedding new recruitment process	International Nursing & Medical Recruitment	Annual Staff Survey	Recruitment and Selection Policy	

Residual Risk Rating (Impact x Likelihood)

4x4=16

Previous: 4x3=12

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)

The strategy will be monitored by the Workforce Committee (when established). Regular Workforce reports to Board, Q&P Cttee and the Workforce, Training and Development Sub-Committee	Organisational Change progress reports to be received by the Workforce Committee (when established) including workforce risks	Evaluation days held	TBC	Reports and analysis to Trust Board, Q&P, Group Q&P's and Workforce Committee (when established)	Values Based Recruitment Compaigns commenced March 2014 (including structured medical campaign)	Membership oF HENE

Gaps in Control

Workforce committee structure still to be established.	Workforce committee structure still to be established. Group Workforce plans developed and profession specific workforce plans to be worked through eg Medical	Cost of process not yet measured (both human and financial). No analysis of retention rates.	TBC	Workforce committee structure still to be established.	Developing new ways of working - flexible options. Service Manager level training and identification of managers capabilities. Ongoing consideration of international recruitment for B5&B6 nurses.	Workforce Planning, Education and Training Committee not yet established

***new ***plans to reduce gaps in control

Planned Risk Rating (Impact x Likelihood)

4x4=16

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)

					1213/NTW/32, Significant Assurance with Issues of Note, systems based audit with compliance testing	14/15/NTW/48 Compliance with recruitment and selection processes, including disclosure and barring service (DBS) checks - significant assurance with no issues of note

Date of Next Internal/External Audit or Independent Review

Gaps in Assurance

Need for overview reports on implementation of strategy						

How we manage these Gaps (Control and Assurance)

Update/Comment

Strategy currently under review.	Group Nurse Directors are responsible for developing plans.		First international medical recruitment due Octber 2015	Engagement work being embedded via various mechanisms including speakeasy process and "Conversations". Clinical groups are leading local actions re specific issues raised in the Staff Survey.	ongoing development of Bands 1-4	

Strategic Objective 5	Provide high quality evidence based and safe services supported by effective integrated governance arrangements		
Principal Risk Reference, Description & Executive Lead:	SO5.6 - 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 not sufficiently responsive to demands - DoN&O		

Mitigating Key Controls			
Reconfiguration of team and working practices across Sunderland and South Tyneside	NTW(C)20 and NTW(C)48 Care Co-ordination and Care Programme Approach Policy and Practice Guidance Notes	Care Co-ordination training	Crisis Teams have a prescriptive service framework

ResidualRisk Rating (Impact x Likelihood)			
5x3=15 Previously: *no change*			

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)			
Arrangements in place to cover staffing	Care Co-ordination update (Q&P - March 11 **???**);			Agreement to establish a Universal Crisis Team which will meet the needs of the wider population

Gaps in Control			
Failure to recruit to Band 3 and admin posts		Clearer arrangements for transitions from hospital to community to be established	Crisis Team are established to meet the needs of WAA population rather than the total population

***new ***plans to reduce gaps in control			

Planned Risk Rating (Impact x Likelihood)			
5x3=15			

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)			
		Clinical audits emergency re-admissions and health records (Q&P March 11)????	CA-15-0020 - Care Coordination Audit - APT (Separate to CSG) CA-15-0021 - Care Coordination Audit - Specialist Care (Annual Audit) CA-15-0022 - Care Coordination Audit - Inpatient Care Group (Annual Audit) CA-15-0023 - Care Coordination Audit - Community Services Group (Annual Audit)	

Date of Next Internal/External Audit or Independent Review			
	Ongoing Clinical Audits through QMT audits, bi-annual for all clinical teams. Urgent Care review in draft March 14 (CA-13-0117).		Annual Audit	

Gaps in Assurance			
Continued dependence on UCT to cover certain roles???			Training levels at 87.8% - 30.09.2015	Not all areas covered by NTW have the model in place

How we manage these Gaps (Control and Assurance)			

Update/Comment			
	Ongoing clinical audits through Quality Management Tool audits			

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Strategic Objective 5   Provide high quality evidence based and safe services supported by effective integrated governance arrangements

Principal Risk Reference, Description & Executive Lead:

Mitigating Key Controls				
Partnership arrangements with local authorities and commissioners	Customer Relationship Management	Partner in local Vanguard projects	Involvement in national groups eg NHS provider Board	Health and Wellbeing Boards

ResidualRisk Rating (Impact x Likelihood)
4x4=16
Previously: 2x3=6

How do we Achieve Assurance that this control is working on an on-going basis (Positive Assurance)				
Robust locality link arrangements with regular updates to CDT and exceptional items reported to Board by Chief Exec. Progress reports to Board by Deputy Director of Partnerships				

Gaps in Control				
Clarity required on Northumberland Partnership	Need to review /strengthen approach			Not currently a member of all Boards

***new ***plans to reduce gaps in control				

Planned Risk Rating (Impact x Likelihood)
4x4=16

Last Internal/external Audit and/or Independent Assurance (Date/Title and Overall Conclusion)				
1314/NTW/18 Review of Trust compliance againts its Terms of Authorisation, Significant Assurance with No Issues of Note				

Date of Next Internal/External Audit or Independent Review				
Governance Structure - Plan 1.2.1 15/16 Q4 Governance Structure (plan 1.2.1 2016/17).				

Gaps in Assurance				
Audit of Partnerships arrangements				

How we manage these Gaps (Control and Assurance)				

Update/Comment				