Board Assurance Framework

2016-17

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1. Integrated Governance Framework. 2.Programme and Project governance reporting arrangements. 3.Business Case and Tender Process (PGN). 4.Commissioner involvement and scrutiny. 5.Service User and Carer Network Reference Group.	1.Independent review of governance against Well-Led Framework January 2016-Strategy and Planning-credible strategy and robust plan to deliver-Amber Green rating assessment. 2.IA 1415/NTW/57 Transforming Services: Significant assurance with issues of note. 3.IA1415/NTW/49 Compliance with responding to tenders and business cases. Significant Assurance with issues of note.	1. Process re assurance to Board re delivery of Annual Plan and Strategy. 2. Post Project Evaluation. 3. Review of Improving Community Pathways-Benefit Realisation. 4. Review of effectiveness of service user and carer engagement. 5. Well Led Review Action Plan.

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

Review Comments:

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

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we have significant loss of income through competition, choice and national policy,including the possibility of losing large services & localities.	Risk on identification May 2009):	4	4	16	Moderate
	Residual Risk (with current controls in place):	5	3	15	Moderate
	Target Risk (after improved controls):	5	2	10	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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 Proceedures.	1/2. Annual Governance Statement and Annual Accounts subject to External Audit. 2.Operational Plan 2015/16 reviewed by Monitor-no concerns. 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 comissioning and contract requirements. 9. Internal Performance Report.	1. Updated Marketing Strategy to be agreed by Board 2. Well Led Review Action Plan. 3. Capacity to manage multiple tenders.

Ref: S02.1

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: Sept 2016

Review Comments:

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:

To be a sustainable & consistently high performing organisation.

Principal Risk:	Risk Rating:	Impact	Likleyhood	Score	Rating
That we do not manage our financial resources effectively to ensure long term financial stability (incl differential between income & inflation, impact of QIPP & the CIP.					
	Risk on identification (Feb 2012):	5	3	15	Moderate
	Residual Risk (with current controls inplace):	5	4	20	High
	Target Risk (after improved controls):	5	2	10	Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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. 2.IA 1415/NTW13 Cost Improvement Programme Significant Assurance with one issue of note. 5.Internal and External Audits. 7. Accountability Framework Report.	1. Operational Plan 2016/17 behind plan. 2. Contribution to and approval of Local Health System Sustainability and Transformation Plans. 3. Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies. 4. Well Led Review Action Plan.

Ref: S02.2

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: Sept 2016

Review Comments: Scoring increased. Delivery of Financial Plan behind plan. Approval of 5 year Strategy deferred to November 2016 to align with planning round.

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

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not effectively manage significant workforce & organisational changes and their impact, including increasing staff productivity & staff engagement and embedding of leadership skills.	Risk on identification (Feb 2012):	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	5	3	15	**Moderate**
	Target Risk (after improved controls):	5	2	10	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Workforce and OD Strategy. 2.Integrated Governance Framework. 3.Performance review monitoring and reporting incl Workforce Kpis. 4.Staff Survey and Friends and Family Feedback and Action Plans. 5.Communications Strategy. 6.Policy review process relating to systems to support the deployment of staff across services. 7.Contract with Team Prevent. 8. Redeployment process. 9. Leadership programme. 10. Speak Easy.	1/2.Reports and assurance provided to Workforce Groups and Assurance Committees. 1/2.Operational Plan 2016/17 reviewed by NHSI-no concerns. 3.See list of Significant Assurance Audits in Appendix 1 4.Staff Survey and Friends and Family responses 4/8.IIP Accreditation. 5.New staff engagement processes Speak Easy, Conversations etc. 7.Health and Wellbeing Awards/Accreditation 10. Speak Easy Report to CDT and Workforce Groups and Assurance Committees.	1. Process re providing assurance to the Board re delivery of Annual Plan and Strategy. 2. Operational Plan 2016/17,including workforce changes,and scrutiny by NHSI. 3. Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies. 4. Staff Survey 2015/16 Action Plan. 5. Updated Communications Strategy to be agreed by the Board.

Ref: S03.1

Executive Lead: Director of Workforce & Organisation Change.

Last Updated/Reviewed: Sept 2016

Review Comments:

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

Principal Risk:
That we are unable to recruit & retain staff in key posts.

Risk Rating:

	Impact	Likelihood	Score	Rating
Risk on identification (May 2009):	4	2	8	Low
Residual Risk (with current controls in place):	4	4	16	Moderate
Target Risk (after improved controls):	4	3	12	Moderate

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Workforce and OD Strategy. 2.Integrated Governance Framework 3.Recruitment and Selection Policy. 4.HR Policies which support Health and Wellbeing,including Pay and Reward. 5.Staff Survey and Friends and Family. Feedback and Action Plans. 6.Communications Strategy. 7.Controls re use of Agency Staff. 8. Collaborative central recruitment process including international recruitment. 9. Trustwide and Group workforce plans.	1/2/7.Reports and assurance provided to Workforce Groups and Assurance Committees. 1.Membership of key external workforce planning groups. 3.IA 1415/NTW/48 Compliance with Recuitment and Selection Policy-Significant Assurance with issues of note. 3.Embedded central recruitment approach. 4.Risk map re risks for staff and pensions. 5/6.Staff Survey and Friends and Family Responses.	1. Development of 5 Year Trust Strategy 2016-2021 and check alignment of Workforce and OD Strategy including approach to recruitment and retention. 2. Staff Survey 2015/16 Action Plan. 3. Updated Communications Strategy to be agreed by the Board. 4. Security of Psychiatry and Nursing supply.

Ref: S03.3
Executive Lead: Director of Workforce & Organisation Change.
Last Updated/Reviewed: Sept 2016
Review Comments:

BAF 5

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:	Impact	Likelihood	Score	Rating
Risk on identification (Feb 2012):	5	3	15	**Moderate**
Residual Risk (with current controls in place):	5	3	15	**Moderate**
Target Risk (after improved controls):	4	3	12	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Grovernance Framework. 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN. 3.Operational and Clinical Policies and Procedures. 4.Agreed Service Specifications. 5.NICE Guidance. 6.Annnual Quality Account. 7. CQC Compliance Group.	1.Independent review of governance against Well-Led Framework January 2016-Clearly defined processes for managing performance Amber/Green rating. 1/2/6.External Audit of Quality Account 1.Operational Plan 2015/16 reviewed by Monitor-no concerns. 2.Reports to CDT and Q and P Committee/sub gps 3.See list of significant assurance BAF Clinical Audits 2015/16. 7. CQC review rated outstanding.	1. Process re providing assurance to the Board re delivery of Annual Plan and Strategy. 2. Operational Plan 2016/17 and scrutiny by NHSI. 3. Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies. 4. Evidencing Benefits Realised from service change. 5. Well Led Review Action Plan.

Ref: S05.6

Executive Lead: Director of Nursing & Operations

Last Updated/Reviewed: Sept 2016

Review Comments:

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

Principal Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That the scale of change & integration agenda across the NHS could affect the sustainability of services & Trust financial position.					
	Risk on identification (October 2015):	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	4	4	16	**Moderate**
	Target Risk (after improved controls):	4	3	12	**Moderate**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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 2016/2017 reviewed by NHSI.	1. Operational Plan 2016/17 and scrutiny by NHSI. 2. Contribution to and approval of Local Health System Sustainability and Transformation Plans. 3. Development of 5 Year Trust Strategy 2016-2021 and supporting Strategies. 4. Well Led Review Action Plan.

Ref: S05.9
Executive Lead: Chief Executive
Last Updated/Reviewed: Sept 2016

Review Comments:

Strategic Objective:
To modernise & reform services in line with local & national strategies & the needs of individuals

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 pl
Target Risk (after improved controls):

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

1. Integrated Governance Framework
2. Stakeholder and partner matrix and reporting processes on engagement and activity
3. Business Case and Tender Process (PGN)
4. Communications Strategy
5. Requirements re public and staff consultation on service change

Assurances/ Evidence (how do we kn making an impact)

1. Independent review of governance ag Well-Led Framework January 2016-Proc and Structures, includes engagement wi stakeholders-Amber Green rating assess
3. IA1415/NTW/49 Compliance with resp to tenders and business cases. Significan Assurance with issues of note.

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

Review Comments: Ongoing and Planned Audits see Appendix 2.

berland, Tyne and Wear **NHS**

NHS Foundation Trust

s & communities, providing first class care in first class environments.

	Impact	Likelihood	Score	Rating
	4	**3**	12	**Moderate**
ace):	5	**3**	15	**Moderate**
	5	**2**	10	**Low**

ow we are	Gaps in Controls (Further actions to achieve target risk 2016/17)
ainst	i)Process re assurance to Board re
ess	delivery of Annual Plan and Strategy, including
th	engagement regarding proposed service change
ment.	ii)Post Project Evaluation
onding	iii)Updated Communications Strategy to be
t	agreed by Board
	iv)Well Led Review Action Plan

Northumberland, Tyne and Wear **NHS**

NHS Foundation Trust

Corporate Risk Register

2016-17

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

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

Corporate Risk:
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:

	Impact	Likelihood	Score	Rating
Risk on Identification	5	3	15	**Moderate**
Residual Risk (with current controls in place):	5	3	15	**Moderate**
Target Risk (after improved controls):	5	1	5	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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.	1. Develop further Post Project evaluation. 2. Well Led Review Action Plan 3. Unable to identify resource for capital control. 4. Framework for capital scheme procurement (over £5m)-being developed and to be in place 5. 5 year strategy behind on delivery.

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

Review Comments: Risk increased. Approval of 5 Year Strategy deferred to November to align with planning round. Capital control total unknown and inability to resource revenue associated with any new capital schemes.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Strategic Objective:

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
Lack of ownership of PFI buildings. Restrictions in contract hinder ability to develop estate.					
	Risk on Identification	3	4	12	Moderate
	Residual Risk (with current controls in place):	3	4	12	Moderate
	Target Risk (after improved controls):	0	0	0	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.PFI Contract documentation. 2.Local Procedures re carrying out work on PFI developments. 3.Monitoring of PFI Contracts.	1.IA 1516NTW/32 PFI Contract Monitoring. Significant assurance with issues of note. 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: S01.6

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: Sept 2016

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

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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.	1. IA costing and pricing review. 2. IA Review of PBR elements of Contracting. 3. Development of Risk Share agreements. with Clinical Commissioning Groups.

Ref: S02.3
Executive Lead: Deputy Chief Executive
Last Updated/Reviewed: Sept 2016
Review Comments:

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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. Accountablity 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. 2. Well Led Review Action Plan 3. Kite marking.

Ref: S02.7

Executive Lead: Executive Director Commissioning & Quality Assurance

Last Updated/Reviewed: Sept 2016

Review Comments:

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

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:**	Impact	Likelihood	Score	Rating
	Risk on Identification	4	3	12	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk 2016/17)**
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.	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.	1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit. 2. Well Led Review Action Plan. 3. Capacity to respond to National Change in policy. 4. NICE Violence and Aggression guidance.

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

Review Comments:

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we enter into unsound business partnership arrangements, leading to possible income loss, reputation risk and patient safety risk					
	Risk on Identification	3	2	6	Low
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	2	2	4	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	2.IA 1415/NTW/49 Compliance with responding to tenders and business cases. Significant assurance no issues of note.	1. Complete review of Business Case and Tender Proc 2.Well Led Review Action Plan. 3. Lack of resource to manage multiple tenders. 4. Governance of proposed external bid writers consultancy

Ref: S02.9

Executive Lead: Deputy Chief Executive

Last Updated/Reviewed: Sept 2016

Review Comments: Risk Increased. Lack of resource to manage multiple tenders.   Governance of proposed contract with external bid writer's consultancy.

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we misreport compliance and quality standards through data quality errors. (Risk Identified Nov 2015)	Risk on Identification (Nov 2015)	4	2	8	Low
	Residual Risk (with current controls in place):	4	2	8	Low
	Target Risk (after improved controls):	4	1	4	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Data Quality Policy. 3.Data Quality Improvement Plan. 4. Internal Data Quality Proceedures.	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 Asurance.	1. Introduce data quality kite marks to Board performance reporting. 2. Well Led Review Action Plan.

Ref: S02.11

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: Sept 2016

Review Comments:

Strategic Objective:

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Workforce and OD Strategy. 3.Monitoring of Leadership and Management Programmes. 4.Staff Appraisal Policy. 5.Workforce KPIs. 6.Monitoring of 3 day Management Skills 7.Training Skills Matrix.	1.Capability and culture-Does the Board shape continous learning and development Amber/Green rating assessment. 2/3/4/5/6/7.Monitoring implementation of Workforce and OD Strategy by Workforce Groups. 2/3/4/5/6/7.Reporting of Workforce KPIs and Action Plans. Internal audit Report NTW/1516/50 - Significant Assurances.	1. Embed Workforce Committee 2. Well Led Review Action Plan 3. Job Planning and Medical Appraisal 3. Collective clinical leadership programmes

Ref: S03.2

Executive Lead: Executive Director of Workforce & Organisational Development

Last Updated/Reviewed: Sept 2016

Review Comments: To remove this risk as it is incorporated in SO3.1 (BAF4)

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

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

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk 2016/17)**
1.Integrated Governance Framework. 2.Workforce and OD Strategy. 3.Staff Appraisal Policy incl training needs analysis . 4.Workforce KPIs. 5.Embedded central recuitment approach. 6.Training Skills Matrix. 7.Monitoring of 3 day Management Skills Programme.	1.Independent review of governance - Capability and culture-Does the Board shape continous learning and development-Amber/ Green rating assessment. 2.Monitoring implementation of Workforce and OD Strategy by Workforce Groups. 2/3/4/5/6/7.Reporting on Workforce KPIs and Action Plans. 4.IANTW/1516/55 Performance Indicators-Significant Assurance with no issues of note. 3/6/7 NHSLA Level 1 certification (Nov 12). 2. IIP Accreditation. Internal Audit NTW/1516/50.	1. IA NTW/1415/09: Medical Job Planning Complete management actions identified in limited assurance audit & re-audit. 2. Embed Workforce Committee. 3. Well Led Review Action Plan. 4. Job Planning and Medical Appraisal. 5. Collective clinical leadership programmes.

Ref: S03.4
Executive Lead: Executive Director of Workforce & Organisational Development
Last Updated/Reviewed: Sept 2016

Review Comments: This risk is to be removed from the Corporate Risk Register and now sit on the Directorates/Groups Registers In line with devolution and Accountability Framework arrangements.

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Workforce and OD Strategy. 3.Trust Workforce Policies and PGNs. 4.Workforce KPIs. 5.Training in Trust Workforce Policies and PGNs. 6.Contract with Capsticks re HR Operational Support. 7.Contract with Capsticks re HR training. 8.Monitoring of 3 day Management Skills Programme.	1.Independent review of governance -Process and structures-clearly defined processes for escalating and resolving issues and managing performance-Amber/Green rating assessment. 2.Monitoring implementation of Workforce and OD S OD Strategy by Workforce Groups. 2/4/5/6/8. Reporting on Workforce KPIs and Action Plans. 2/4/5/6/8.Reports to Board and Sub Comm 3.See list of significant assurance Audits. 5. Significant reduction in HR Tribunals .	

Ref: S03.5

Executive Lead: Executive Director of Workforce & Organisational Development

Last Updated/Reviewed: Sept 2016

Review Comments: This risk is to be removed from the Corporate Risk Register as the target risk has been met.

Northumberland, Tyne and Wear NHS

NHS Foundation Trust

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

Corporate Risk:
That we do not deliver effective Trust-wide communication and involvement.

Risk Rating:	Impact	Likelihood	Score	Rating
Risk on Identification	3	**3**	9	**Low**
Residual Risk (with current controls in place):	3	**3**	9	**Low**
Target Risk (after improved controls):	3	**2**	6	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Communications Strategy. 3.Communication methods-Bulletin, Conversations,Speak Easy,Visits. 4.Staff Partnership Agreement and Engagement 5.Staff Survey and Friends and Family.	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.	1. Updated Communications Strategy to be agreed by the Board. 2. Staff Survey 2015/16 Action Plan. 3. Well Led Review Action Plan.

Ref: S04.1

Executive Lead: Chief Executive

Last Updated/Reviewed: Sept 2016

Review Comments:

Strategic Objective:

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That we do not effectively communicate with and involve service users and carers.					
	Risk on Identification	4	3	12	Moderate
	Residual Risk (with current controls in place):	4	3	12	Moderate
	Target Risk (after improved controls):	4	1	4	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Service User and Carer Reference Group. 3.Monitoring standards of Carers Charter. 4.Patient and Carer feedback mechanisms. 5.Carers satisfaction Survey. 6.Values based recruitment. 7.Communication Strategy. 8. Consultation processes. 9. CQC Compliance Group.	1.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment. 2/3/4/5/8.Reports to Board on consultation processes and feedback. 2.Work on Tirangle of Care. 2/3/5. Carers Champions. 4.Quality Priority. 8.Reports to Board on consultation procceses 9. CQC Outstanding Review rating.	1. Review of efectiveness of service user and carer engagement and involvement. 2. Updated Communications Strategy to be agreed by Board. 3. Well Led Review Action Plan. 4. Friends and Family Test.

Ref: S04.2

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: Sept 2016

Review Comments:

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

Corporate Risk:
That we do not effectively communicate with and involve our Council of Governors and Foundation Trust members.

Risk Rating:

	Impact	Likelihood	Score	Rating
Risk on Identification	4	2	8	Low
Residual Risk (with current controls in place):	**3**	**2**	6	Low
Target Risk (after improved controls):	3	1	3	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1,Integrated Governance Framework. 2. NHSI Code of Governance. 3.Trust Constitution. 4.Council of Governor Meetings,Engagement Sessions,sub Committees ,involvement in Board sub Committees and FT Newsletter 5. Engagement with NE Chamber of Commerce. 6. Membership Strategy. 7. Partnership working. 8. Member of IMROC. 9. Service User and Carer Reference Group. 10. Patient and Carer feedback mechanisms. 11. Carers Champions process.	1.Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment. 2.Operational Plan 2016/17-scrutiny by NHSi no concerns. 3/4/5.Council of Governors Surveys and Action Plans. 1. CQC Quality Report Sept 2016.	1. Well Led Review Action Plan. 2.Review of the effectiveness of service user and carer engagement and involvement 3.Recovery and Wellbeing Strategy

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

Review Comments:

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust.					
	Risk on Identification	5	3	15	**Moderate**
	Residual Risk (with current controls in place):	4	2	8	**Low**
	Target Risk (after improved controls):	4	1	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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.	1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & Re-audit. 2. Well Led Review Action Plan.

Ref: S05.1

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: Sept 2016

Review Comments: Target Risk increased. Actions have been taken (CQC Rating Outstanding) but some actions associated with the Well Led Review Action Plan are still being progressed.

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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.	1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & re-audit. 2. Well Led Review Action Plan. 3. Outcome and Completion of Deciding Together.

Ref: S05.2

Executive Lead: Executive Director of Nursing & Operations

Last Updated/Reviewed: Sept 2016

Review Comments:

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That there are risks to the safety of service users and others if clinical policies and procedures are not accessible, with effective processes in place to ensure that they are implemented.	Risk on Identification	5	2	10	Low
	Residual Risk (with current controls in place):	5	2	10	Low
	Target Risk (after improved controls):	5	1	5	Very Low

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.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.	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.	1. Updated Communications Strategy to be agreed by the Board.

Ref: S05.5
Executive Lead: Executive Director of Nursing & Operations
Last Updated/Reviewed: Sept 2016

Review Comments:

Strategic Objective:

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
The risk that high quality, evidence-based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance.	Risk on Identification	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	4	3	12	**Moderate**
	Target Risk (after improved controls):	4	2	8	**Low**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk 2016/17)**
1.Integrated Governance Framework. 2.Clinical Effectiveness Strategy. 3.Research and Development Strategy. 3.Trust NICE Guidance Implementation Policy. 4.Trust Clinical Audit Policy. 5.Clinical Effectiveness Committee. 6. CQC Compliance Group.	1.Rolling programme of audits including Significant significant assurance BAF Clinical Audits 2015/16 2.NICE Guidance implementation updates to Corporate Decisions Team. 3.Annual Research and Development Report to Board. 4.Clinical Audit process linked to BAF. 6. CQC Outstanding Review rating.	1. Development of a regional approach to mortality and mobidity.

Ref: S05.7

Executive Lead: Director of Nursing and Operations.

Last Updated/Reviewed: Sept 2016

Review Comments:

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:	Impact	Likelihood	Score	Rating
Risk on Identification	4	3	12	**Moderate**
Residual Risk (with current controls in place):	4	3	12	**Moderate**
Target Risk (after improved controls):	4	1	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.Agreed contracts in place and framework. for managing change. 4.Locality Partnerships.	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.	1. Well Led Review Action Plan. 2. Horizon Scanning.

Ref: S05.8

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: Sept 2016

Review Comments: Risk Scoring increased. Actions added: Horizon Scanning.

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Independent review of governance-Well Led Framework-Report Jan 2016. 2.Decision Making Framework. 3.Board Assurance Frramework.	1.Independent review of governance-Well Led Framework Action Plan. 2/3.External Audit of Annual Governance Statement. 2/3.Annual Review of Terms of Reference and effectiveness of key Committees.	1. Well Led Review Action Plan.

Ref: S05.10

Executive Lead: Executive Director of Commissioning & Quality Assurance

Last Updated/Reviewed: Sept 2016

Review Comments:

CRR 19

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:	Impact	Likelihood	Score	Rating
	Risk on Identification	4	4	16	**Moderate**
	Residual Risk (with current controls in place):	3	3	9	**Low**
	Target Risk (after improved controls):	3	2	6	**Low**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
1.Integrated Governance Framework. 2.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.	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.	1. Audit of information sharing agreements 2. Completion of MIG. 3. Competion of roll out of WIFI/Internet for partners.

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

Review Comments: Target risk decreased. Residual risk decreased. Actions have been taken but new gaps in control identified including completion of MIG and wifi internet for partners.

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:**	Impact	Likelihood	Score	Rating
	Risk on Identification	5	**2**	10	**Low**
	Residual Risk (with current controls in place):	4	**2**	8	**Low**
	Target Risk (after improved controls):	4	**1**	4	**Very Low**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (Further actions to achieve target risk 2016/17)**
1.Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Caldicott and Health Information Group. 4.Information Governance Toolkit.	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.	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: Sept 2016

Review Comments:

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

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

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Further actions to achieve target risk 2016/17)
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.	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.	1. Update Communication Strategy and agree with board. 2. Well Led Review Action Plan.

Ref: S07.1

Executive Lead: Chief Executive

Last Updated/Reviewed: Sept 2016

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

Corporate Risk:
That we do not follow financial procedures & processess

Risk Rating:

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

| Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we kn making an impact)
1.Integrated Governance Framework 2.External and Internal Audit's Checklist of Key Controls to prevent material errors 3.Trust Fraud Policy and Response Plan	1. Annaul Governance Statement & Ann Accounts subject to external Audit 2.See list of significant assurance Audits in Appendix 1 3.NHS Counter Fraud Service-Level 3 performance

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

Review Comments: No gaps in control. Actions achieved. Target risk achieved. Exec would like

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NHS Foundation Trust
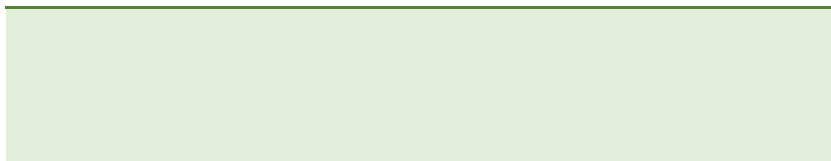
	Impact	Likelihood	Score	Rating
	5	1	5	**Very Low**
ace):	4	1	4	**Very Low**
	4	1	4	**Very Low**

ow we are	Gaps in Controls (Further actions to achieve target risk 2016/17)
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e this risk to be managed at Financial directorate level.

BAF reference	Year	Reference	Audit Title	Assurance Received	Date
S02.2	1415	`1415/NTW/13	Cost Improvement Programme	Significant assurance with one issue of note	12.11.2014
S02.8	1415	1415/NTW/05	BigHand Digital Dictation System	Significant assurance with issues of note	19.11.2014
S03.5	1415	1415/NTW/11	Managing Diversity	Reasonable assurance	13.11.2014
S03.1	1415	1415/NTW/14	Managing Attendance	Significant assurance with issues of note	25.09.2014
S05.2	1415	1415/NTW/15	Maintenance repairs and improvements	Significant assurance with issues of note	27.10.2014
S05.1	1415	1415/NTW/24	Emergency Preparedness	Significant assurance with issues of note	16.02.2015
S02.8	1415	1415/NTW/28	RiO V7 Upgrade Project Controls	Significant assurance with no issues of note	12.03.2015
S02.7	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S03.1	1415	1415/NTW/29	Hard Truths Safer Staffing	Significant assurance with no issues of note	27.10.2014
S03.5	1415	1415/NTW/31	Arragements for the Verification of the Registration of Healthcare Professionals	Significant assurance with issues of note	23.01.2015
S02.6	1415	1415/NTW/32	Estates Process for the Ordering and Receipt of Goods, including the Tendering and Quotation Processes	Significant assuarance with no issues of note	28.01.2015
S02.6	1415	1415/NTW/33	Compliance with procedures for works undertaken / procured by Estates Department (minor works)	Significant assurance with issues of note	28.01.2015
S02.7	1415	1415/NTW/34	Performance indicators - Rollling programme of testing against dimensions of data quality	Significant assurance with issues of note	19.11.2014
S02.1	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assuarnace with no issues of note	21.11.2014
S05.8	1415	1415/NTW/36	NHS Healthcare & Non-Healthcare agreements	Significant assuarnace with no issues of note	21.11.2014
S02.8	1415	1415/NTW/37	Mobile Device Management (MDM)	Significant assurance with issues of note	04.03.2015
S02.6	1415	1415/NTW/39	Financial Systems - Key controls	Significant assurance with no issues of note	25.02.2015
S02.6	1415	1415/NTW/41	Patients Monies and Belongings - Central Monitoring arrangements of ward level compliance	Significant assuarance with no issues of note	08.01.2015
S05.1	1415	1415/NTW/42	St Nicholas Park Pharmacy Processes for ordering, receipt, storage & dispensing of medicines	Significant assurance with no issues of note	14.04.2015
S02.6	1415	1415/NTW/43	Financial Ledger	Significant assurance with no issues of note	29.01.2015
S02.8	1415	1415/NTW/44	Desktop Management	Significant assurance with issues of note	19.06.2015
S02.8	1415	1415/NTW/45	Wireless Network	Significant assurance with issues of note	02.06.2015
S02.6	1415	1415/NTW/46	Pay Expenditure	Significant assurance with no issues of note	25.02.2015
S02.6	1415	1415/NTW/47	Non Pay Expenditure – Central Procurement Function	Significant assurance with no issues of note	02.06.2015
S03.1	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S03.3	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S03.5	1415	1415/NTW/48	Compliance with Recruitment and Selection Policy Processes, including Disclosure and Barring Service (DBS) checks	Significant assurance with no issues of note	01.05.2015
S01.2	1415	1415/NTW/49	Compliance with Responding to Tenders and Business Case Process PGN	Significant assurance with no issues of note	01.05.2015
S02.9	1415	1415/NTW/49	Compliance with Responding to Tenders and Business Case Process PGN	Significant assurance with no issues of note	01.05.2015
S06.4	1415	1415/NTW/53	Independent Assurance of Information Governace Return	Significant assurance with issues of note	12.03.2015
S02.8	1415	1415/NTW/54	Network Testing Q3: Server Checks	Significan assuarance with no issues of note	15.01.2015
S06.4	1415	1415/NTW/54	Network Testing Q3: Server Checks	Significan assuarance with no issues of note	15.01.2015
S02.8	1415	1415/NTW/55	St Georges Park and Hopewood Park SAN and Backup Management	Significant assurance with no issues of note	02.06.2015
S06.4	1415	1415/NTW/55	St Georges Park and Hopewood Park SAN and Backup Management	Significant assurance with no issues of note	02.06.2015
S02.8	1415	1415/NTW/56	IAPTus System	Significant assurance with issues of note	05.06.2015
S01.1	1415	1415/NTW/57	Transforming Services	Significant assurance with issues of note	15.09.2015
S02.6	1415	1415/NTW/61	Cashiers Function - Monkwearmouth Site	Significant assurance with no issues of note	25.06.2015
S02.8	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015
S06.4	1415	1415/NTW/64	Network Testing Q4: Server Checks	Significant assurance with no issues of note	02.06.2015
S02.6	1415	1415/NTW/76	Expenses Claims	Significant assurance with issues of note	14.11.2014
S02.6	1415	1415/NTW/80	Management of Mobile Communication Devices	Significant assurance with issues of note	25.08.2015
S06.4	1415	1415/NTW/08	Confidentiality Policy	Reasonable assurance	10.09.2014
S02.6	1415	1415/NTW/59	Non Payroll PAYE	Significant assurance with one issue of note	16.06.2015
S02.6	1516	1516/CF/NTW04	LCFS Proactive - Compliance with the Healthcare Travel Costs Scheme	Significant assurance with issues of note	03.11.2015
S02.6	1516	1516/CF/NTW05	Follow up review - Taxi Usage	Significant assurance with issues of note	05.01.2016
S02.7	1516	516/NTW/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S03.4	1516	1516/NTW/55	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality	Significant assurance with no issues of note	03.08.2015
S05.1	1516	1516/NTW/16	Compliance with the Process for the Management Reporting of Serious Incidents	Significant assurance with issues of note	04.02.2016
S05.1	1516	1516/NTW/27	Business Continuity Planning	Significant assurance with issues of note	04.02.2016
S05.1	1516	1516/NTW/17	Compliance with the Central Alert Policy NTW(0)17, V02.1	Significant assurance with no issues of note	27.01.2016
S01.5	1516	1516/NTW/32	PFI Contract Monitoring	Significant assurance with issues of note	25.11.2015
S02.6	1516	1516/NTW/36	Asset Management	Significant assurance with no issues of note	15.10.2015
S02.6	1516	1516/NTW/44	Bank and Treasury Management	Significant assurance with no issues of note	27.01.2016
S02.3	1516	1516/NTW/45	Review of Process for Initiating, Recording, Processing, Calculating and Reporting Reference Cost Data	Significant assurance with no issues of note	15.10.2015
S03.1	1516	1516/NTW/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015

S03.5	1516 1516/NTW/51	Occupational Health Service - Monitoring Arrangements for Contract Key Performance Indicators	Significant assurance with no issues of note	26.11.2015
S02.7	1516 1516/NTW/56	Performance Indicators - Rolling Programme of Testing against Dimensions of Data Quality - Quarter 2	Significant assurance with no issues of note	12.01.2016
S02.8	1516 1516/NTW/58	Data Centres	Significant assurance with issues of note	22.09.2015
S02.8	1516 1516/NTW/59	Network Testing Q2: Server Checks	Significant assurance with issues of note	22.09.2015
S06.4	1516 1516/NTW/24	Compliance with Access to Health Records Practice Guidance Note	Significant assurance with issues of note	12.01.2016
SO5.1	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
SO5.2	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
SO5.5	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
SO5.10	1516 1516/NTW/18	High level review of the monitoring framework associated with the Safeguarding Policy	Reasonable assurance	
SO5.1	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
SO5.2	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
SO5.5	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
SO5.10	1516 1516/NTW/21	Review of Policy Monitoring Arrangements for Medicines Management	Significant assurance with issues of note	
SO2.8	1516 1516/NTW/64	Network Testing Q3: Server Checks	Significant assurance with issue of note	
SO6.4	1516 1516/NTW/64	Network Testing Q3: Server Checks	Significant assurance with issue of note	
SO3.1	1516 1516/NTW/52	Managing Sickness and Absence	Significant assurance with issues of note	
SO5.2	1516 1516/NTW/23	Raising Concerns	Significant assurance with one issue of note	
SO5.10	1516 1516/NTW/02	Process for populating and reporting on the Trusts BAF	Significant Assurance with no issues of note	
SO5.10	1516 1516/NTW/66	Ascribe Pharmacy System-governance	Significant Assurance with issues of note	
SO5.10	1516 1516/NTW/68	Qtr 4 Sample servers-security controls	Significant Assurance with issues of note	
SO5.10	1516 1516/NTW/70	Kit network-security controls	Significant Assurance with no issues of note	
SO6.4	1516 1516/NTW/63	Software Asset Management	Significant Assurance with no issues of note	
SO6.4	1516 1516/NTW/71	Firewall Controls	Significant Assurance with no isssue of note	
SO3.3	1516 1516/NTW/71	Training and Development Process	Significant Assurance with no issues of note	
SO3.5	1516 1516/NTW/38	Compliance with Rostering Policy	Significant Assurance with issues of note	
SO2.8	1516 1516/NTW/60	Deprivation of Liberty Safeguards	Significant Assurance with issues of note	
SO5.7	1516 1516/NTW/28	Processes re NICE Guidance	Significant Assurance with issues of note	
SO5.6	CA14	7 Medicines Management Prescribing	Significant Assurance	
SO5.6	CA14	12 Trust wide Sclusion	Significant Assurance	
SO5.6	CA14	14 Medicines Management Safe and Secure Medicines	Significant Assurance	
SO5.6	CA14	32 Care Co ordination Audit Community Services Group	Significant Assurance	
SO5.6	CA14	153 Restraint-Use of ERB	Assurance N/A	
SO5.6	CA15	20 Care Co ordination Audit IAPT	Significant Assurance	
SO5.6	CA15	21 Care Co ordination Audit Specialist Care	Significant Assurance	
S05.6	CA15	22 Care Co ordination Audit Inpatient Group	Significant Assurance	