NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

Board Assurance Framework and Corporate Risk Register

2017-18

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not implement service model changes as planned, failing to realise the benefits of improved quality and better outcomes.	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**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(actions to take to achieve target)**
1. Integrated Governance Framework. 2.Business Case and Tender Process (PGN). 3. Commissioner involvement and scrutiny. 4. Decision Making Framework	1.Independent review of governance against Well-Led Framework January 2016-Strategy 1. Single Oversight Framework Governance rating green. 2. NTW1617 36 Responding to Tenders - Substantial Assurance. 4. NTW1617 20 Quality Impact of FDP - Substantial Assurance	1. Post Project Evaluation - Nov 2017 2. Review of Improving Community Pathways. 3. Review of effectiveness of service user/carer engagement. 5. Newcastle/Gateshead Deciding Together Update December 2017.

Ref: SA1.1
Review Comments: Gaps in control amended, timescales added where possible.

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

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Strategic Ambition: 1
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Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That restrictions on capital funding nationally lead to a failure to meet our aim to achieve first class environments to support care, increasing the risk of harm to patients through continuing use of sub-optimal environments.	Risk 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**
	Risk Appetite:	**Finance/VfM**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(actions to achieve target risk)**
1.Integrated Governance Framework. 2. Project Review by RBAC. 3. Monitoring of Capital Programme by RBAC. 4. Monitoring of Asset Realisation Programme by RBAC.	1.Independent review of governance -Strategy 2. Minutes of RBAC Committee. 3. Capital Programme reports to Board. 4. Minutes of RBAC Committee.	1. Develop Post Project evaluation Nov 17 2. National capital allocation process unclear update from JD quarterly. 3. updated strategy to Identify opportunities for funding and proposals - April 2018

Ref: SA1.2

Review Comments: Gaps in control amended, timescales added where possible.

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

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of Services.	Risk on Identification	4	**3**	12	**Moderate**
	Residual Risk (with current controls in place):	4	**2**	8	**Low**
	Target Risk (after improved controls):	4	**1**	4	**Very Low**
	Risk Appetite:	**Quality Effectiveness:**			**within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1.Integrated Governance Framework. 2.Agreed contracts in place and framework. for managing change. 3.Locality Partnerships.	1. Independent review of governance-Process and structures-includes engagement with stakeholders-Amber/Green rating assessment. 2.Contract monitoring and contract change reporting process to CDT and RBAC. 3. Updates from Locality Partnership meetings	1. Well Led Review Action Plan to be agreed with Board Oct 2017 2. No contract in place with Northumberland Agreed but not signed - Nov 2017

Ref: SA1.3

Review Comments: Actions complete, timescales added. Risk score reduced from 4x3 (12) to 4x2 (8) (back within risk appetite)

Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: RBAC**	**Updated/Review Date: August 2017**

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
The risk that high quality, evidence based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are subsequently not sufficiently responsive to demands.	Risk on identification (Feb 2012):	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**
	Risk Appetite:	**Quality Safety:**			**Exceeded**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(actions to take to achieve target)**
1.Integrated Grovernance Framework. 2.Performance review monitoring and reporting incl compliance with standards, indicators,CQINN. 3.Operational and Clinical Policies and Procedures. 4. Annual Quality Account. 5. CQC Compliance Group.	1.Independent review of governance against Well-Led Framework January 2016-Clearly defined processes for managing performance Amber/Green rating. 1/2/4.External Audit of Quality Account 1.Operational Plan 2016/17 reviewed by NHSI. 2.Reports to CDTQ,Q&P and QRG's. 5. CQC review rated outstanding. 2. NTW16/17 53 Penetration Test Trust Network Reasonable assurance.	2. Delivery of Operational Plan 17/18 3. Delivery of 5 Year Trust Strategy 2017-2022 and supporting strategies. Milestones tbc 4. Evidence benefit realisation from service change Trustwide. April 2018

Ref: SA1.4

Review Comments: Timescales added where appropriate

Executive Lead: Executive Director of Nursing	**Board Sub-Committee: Q&P**	**Reviewed: August 2017**

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Strategic Ambition: 1
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Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not effectively engage public, commissioners & other key stakeholders leading to opposition or significant delay in implementing our service strategy.	Risk on identification (May 2009):	4	**3**	12	**Moderate**
	Residual Risk (with current controls in place):	3	**3**	9	**Low**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Quality Effectiveness**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1.Integrated Governance Framework. 2. Stakeholder and partner matrix and reporting processes on engagement and activity. 3. CCG/LA meetings. 4. Requirements re public and staff consultation on service change. 5. Deciding Together - N&G 6. Joint working arrangements	1.Independent review of governance against Well-Led Framework January 2016-Process and Structures, includes engagement with stakeholders-Amber Green rating assessment. 3. Regular meetings with CCG and LA's. 4. CCG/Trust to agree implementation. 6. NTW 1617 23 IA Joint working arrangements - Reasonable assurance. 5. Deciding together steering group	2.Post Project Evaluation 3. Updated Communications Strategy to be agreed by Board 4. NTW 1617 23 IA Joint working arrangements - remedial action.

Ref: SA1.5

Review Comments: Risk rating reduced from 4x3 to 3x3. Risk appetite changed to within tolerance. Decision made to descalate risk to CEO Executive Register.

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

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Strategic Ambition: 1
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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):	4	**1**	4	**Very Low**
	Risk Appetite:	**Finance/VfM**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(actions to achieve target risk)**
1.PFI Contract documentation. 2.Local Procedures re carrying out work on PFI developments. 3.Monitoring of PFI Contracts.	1.IA 1516NTW/32 PFI Contract Monitoring. Significant assurance with issues of note. 2. DTZ (Chartered Surveyors) continual review of estate. 3. Outline Business Case.	1. Progress discussions regarding purchase of PFI developments. 2. Lack of Capital Control.

Ref: SA1.6

Review Comments: No change.

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

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

Corporate Risk:	Risk Rating:	Impact	Likelihood	Score	Rating
That staff do not follow Information Governance, Caldicott and Informatics Policies and procedures.	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**
	Risk Appetite:	**Compliance & Regulatory:**			**Within**

Controls & Mitigation (what are we currently doing about the risk)	Assurances/ Evidence (how do we know we are making an impact)	Gaps in Controls (Actions to achieve target risk)
1.Integrated Governance Framework. 2.Trust Policies and Procedures. 3.Caldicott and Health Information Group. 4.Information Governance Toolkit. 5. Monitoring of Information Governance training levels and action plans.	1.External Audit of Annual Governance Statement. 1/4.Reports to Sub Committees of the Board and Action Plans. 1/2/4.Information Risk Review by ICO (May 2016) and Action Plan. 4 NTW1617 46 IGT - substantial assurance 2. NTW1617 Information sharing with commissioners - substantial assurance	1. Improve Mandatory Training for Staff by achieving target of 95% (currently 90.7%) by Feb 2018

Ref: SA1.7

Review Comments: Timescales added.		
Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: Q&P**	**Updated/Review Date: August 2017**

Strategic Ambition: 6
The Trust will be regarded a "great place to work"

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
Failure to participate and influence STP worforce developments may reduce our control over future regional workforce changes.	Risk on identification (April 2017):	4	**4**	16	**Moderate**
	Residual Risk (with current controls in place):	4	**4**	16	**Moderate**
	Target Risk (after improved controls):	3	**3**	9	**Low**
	Risk Appetite:	**Workforce**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1. Regional Workforce Action group 2. Local Worforce Action Board 3. Social Partnership Forum - WF Director to assume to assume chair role in October 17. 4. Deputy CEO leading STP workstream	1. Minutes of Regional Workforce Action Group 2. Minutes of Local Workforce Action Board 3. Minutes of Social Partnership Forum 4. Feedback/updates from STP workstreams via CDT/Q&P/Board	1. Workstreams at early stages of development. 2. Await further information on intentions and agreement to develop a regional WF strategy and associated infrastructure. Dec 17

Ref: SA1.8

Review Comments: strategic ambition changed from SA1 to SA6. Actions amended and timescales added.

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

Strategic Ambition: 2
With People, Communities and Partners, together we will promote prevention, early intervention and resilience.

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not sufficiently engage with GP's, communities, stakeholders and system partners in supporting, enabling effective interventions.	Risk on identification (May 2017):	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**
	Risk Appetite:	**Quality Effectiveness**			**Within**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Engagement in developing community models of care with locality partners 2. Central role on Mental Health STP 3. Engagement in prevention early intervention 4. Engagement and support of recovery colleges 5. Regional healthcare strategy.	1. GP Survey	1. Development of locality board for GP for GP engagement. April 2018 2. Development of evidence base for recovery colleges - content development - April 2018 3. Development of implemented action plan for MH aspects of STP pathway - April 2018

Ref: SA2.1

Review Comments: Actions amended, timescales added.

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

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not further develop integrated information systems across partner organisations.	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**
	Risk Appetite:	**Safety**			**Exceeded**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
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 - October 2017 3. Competion of roll out of WIFI/Internet for partners - April 2018

Ref: SA3.1

Timescales added.		
Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: Q&P**	**Updated/Review Date: August 2017**

Northumberland, Tyne and Wear NHS Foundation Trust

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not influence the development of new care delivery models (ACO, MCP, ACS) leading to increasing fragmentation of MH service delivery.	Risk on identification (May 2017):	5	**4**	20	**High**
	Residual Risk (with current controls in place):	4	**4**	16	**Moderate**
	Target Risk (after improved controls):	3	**3**	9	**Low**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Executive and Group leadership embedded within each CCG/LA area to ensure that the specilaist MH and disabilities services are safeguarded and parity is a key part of integration plans. 2. Leadership of the STP MH workstream.	1. Successfully influenced service models and across a number of localities. 2. Established close relationships with senior clinicians, managerial leaders across acute trusts and some GP practices. 2. Regular update/monitoring of STP via Exec/CDT/Board.	1. Impact of new ACS, ACO & MSP proposals still at an early stage with a number of the new care models focused around integrating acute, community and social care 2. Changes to STP implementation plans with changes being considered to move to a single NE&Cumbria ACS which may effect priorty given to our service users being diluted.

Ref: SA3.2

Review Comments: Risk scores increased from 4x3 (12) to 4x4 (16)

Executive Lead: Chief Executive	**Board Sub Committee: Board**	**Last Updated/Reviewed: August 2017**

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Strategic Ambition: 6
The Trust will be regarded as "a great place to work"

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

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
1. Mointored at DOF Network and HRD Network 2. WFD Member of NHSI expert panel 3. WFD member of NHS employers streamlining national strategy forum.	1. Minutes of Network meetings 2. Feedback/updates via CDT/Q&P/Board 3. Feedback/updates via CDT/Q&P/Board	1. Await second round of more accurate benchmarking data to be collated and released Jan 18.

Ref: SA3.3

Review Comments: Strategic ambition changed from SA3 to SA6. actions updated, control added.

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

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
NTW being marginalised in STP leading to impact on integration agenda.	Risk on identification (May 2017):	**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**
	Risk Appetite:	**Quality Effectiveness**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1. Active engagement in Sunderland MCP, member of Partnership Board 2. Membership of Newcastle Gateshead AOs Meeting 3.Membership of Gateshead Accountable Care Partnership Board 4. Member of Newcastle Task Force 5. Strategic Partner of Northumberland ACO 6. Joint sponsors of Mental Health STP 7. Active engagement in CNE Leadership Forum	1,2,3,4,5,7 Regular updates through CDT.	1. Locality leadership model to be embedded 2. Formal MOU /partnership agreements

Ref: SA3.4

Review Comments: Assurance added.

Executive Lead: Deputy Chief Executive	**Board Sub Committee: Board**	**Last Updated/Reviewed: August 2017**

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Strategic Ambition 4
The Trusts Mental Health and Disability Services will be sustainable and deliver real value to the people who use them.

Principal Risk:	**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**
	Risk Appetite:	**Finance/VfM**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(actions to take to achieve target)**
1.Integrated Governance Framework. 2.Financial Strategy. 3.Agreed contracts in place and framework for managing change. 4. Locality partnerships. 5. New Models of Care for CAMHS Tier 4 and forensic services. 6. Business Case and Tender Process (PGN). 7. Horizon Scanning. 8. Commissioning and Quality Assurance Proceedures.	1/2. Annual Governance Statement and Annual Accounts subject to External Audit. 2.Operational Plan 2017/18 3. NTW1617 27 Agreements -substantial Assurance with no issues of note. 4. Quarterly partnership Meeting minutes 6. NTW1617 36 Responding to Tenders - Substantial Assurance with minor remedial Action Required. 8. Compliance with comissioning and contract requirements.	1. Confirm Trust Approach to Marketing Apr 18 2. Capacity to manage multiple tenders proposal to be developed. Apr 18

Ref: SA4.1

Review Comments: gaps in control amended. Timescales added where appropriate.

Executive Lead: Deputy Chief Executive	**Board Sub-Committee: RBAC**	**Updated/Review Date: August 2017**

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not manage our resources effectively through failing to deliver the required service change or productivity gains required.	Risk on identification (Feb 2012):	5	**3**	15	**Moderate**
	Residual Risk (with current controls inplace):	5	**3**	15	**Moderate**
	Target Risk (after improved controls):	5	**2**	10	**Low**
	Risk Appetite:	**Finance/VfM**			**Within**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (actions to take to achieve target)
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 2017/18 agreed by NHSI 3. Going concern report 2016. 5.Internal and External Audits. 7. Accountability Framework Report. 2. NTW1617 20 Quality Impact of FDP - substantial assurance with minor issue.	Delivery of Operational Plan - 6 monthly review

Ref: SA4.2

Review Comments: Completion of Gaps in control. Decision to de-escalate to Deputy Chief Executive Risk Register

Executive Lead: Deputy Chief Executive	**Board Sub-Committee: RBAC**	**Updated/Review date: August 2017**

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

Principal Risk:	**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):	5	**3**	15	**Moderate**
	Target Risk (after improved controls):	4	**3**	12	**Moderate**
	Risk Appetite:	**Quality Effectiveness**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence (how do we know we are making an impact)**	**Gaps in Controls (actions to achieve target risk)**
1.Integrated Governance Framework. 2.Stakeholder and partner locality Group Leads, reporting processes and CBU locality model. 3.Horizon scanning and intelligence. 4.Financial Strategy. 5. Oversight Model.	1/5 Green Governance rating assessment. 1/2/3.Reports to Board on STP and associated service and integration agenda & consideration of locality working through BDG & Execs. 4. Operational Plan 2017/19 reviewed by NHSI.	1. Contribution to and approval of Local Health System Sustainability and Transformation Plans. 2. 5 year Trust Strategy - development of milestones. 3. CCG/LA comms plans and new models of care. (e.g ACO & MSPs) 4. NHS England procument plan for Eating disorder, Gender and Secure Services. 5. Delivery of New Models of Care.

Ref: SA4.3

Review Comments: Current Risk score reduced from 5x4 (20) to 5x3 (15). Gaps in control/actions added. Assurance added.

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

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we enter into unsound business partnership arrangements leading to reputational and patient safety risks.	Risk on Identification	3	**2**	6	**Low**
	Residual Risk (with current controls in place):	4	**3**	12	**Moderate**
	Target Risk (after improved controls):	4	**2**	8	**Low**
	Risk Appetite:	**Reputation:**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
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.NTW 16/17 36 Responding to Tenders to tenders - Substantial Assurance	1. review of Business Case Tender Process 2. Capacity to manage multiple tenders. 3. Governance of proposed external bid writers consultancy

Ref: SA4.4

Review Comments: gaps in control complete. To be de-escalated to Finance Directorate Risk Register.

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

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not meet compliance & Quality Standards	Risk on Identification	5	**3**	15	**Moderate**
	Residual Risk (with current controls in place):	5	**2**	10	**Low**
	Target Risk (after improved controls):	5	**1**	5	**Very Low**
	Risk Appetite:	**Compliance/Regulatory:**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
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 action plans all complete with exception of environmental changes to Alnwood. 2. Well led review action plan to be agreed by board. Oct 17

Ref: SA5.1

Review Comments: actions updated, risk impact scores updated from 4 to 5.

Executive Lead: Executive Director Commissioning & Quality Assurance	**Board Sub Committee: Q&P**	**Updated/Review Date: August 2017**

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

Corporate Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
That we do not meet significant statutory and legal requirements in relation to Mental Health Legislation	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**
	Risk Appetite:	**Compliance/Regulatory:**			**Exceeded**

Controls & Mitigation (what are we currently doing about the risk)	**Assurances/ Evidence** (how do we know we are making an impact)	**Gaps in Controls** (Actions to achieve target risk)
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. Compliance with policy/training requirement 2. NTW1617 33 MHA Section 17 Good level of assurance with minor remedial actions. 2. NTW1617 34 MHA Section 136 good level of assurance with minor remedial actions.	1. IA 1415/NTW/30: MHA Patients Rights Complete management actions identified in limited assurance audit & re-audit.

Ref: SA5.2

Review Comments: No review in quarter.

Executive Lead: Executive Medical Director	**Board Sub Committee: MHL Group**	**Updated/Review Date: July 2017**

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Northumberland, Tyne and Wear
NHS Foundation Trust

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

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**
	Risk Appetite:	**Compliance & Regulatory:**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
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. 2. Data Quality Kite Marks introduced to board performance reporting.	1. Well Led Review Action Plan to be agreed by board Oct 2017 2. Improve data quality maturity index (improvement from 91.9% to 92% in latest published information).

Ref: SA5.3

Review Comments: Action amended

Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: Q&P**	**Updated/Review Date: August 2017**

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

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	**1**	4	**Very Low**
	Target Risk (after improved controls):	4	**1**	4	**Very Low**
	Risk Appetite:	**Quality Safety:**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1. 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.CQC Compliance Group.	1. NTW1617 05 Health & Safety Internal Audit reasonable assurance. 3.Safety Report to Board and Q and P. 4.Clinical Audits and Action Plans. 5. NTW1617/22 Safety Inspection 1. NTW1718 39 Central Alert System - Substantial Assurance 6. CQC Final Report Outstanding rating. 7. NTW1617 08 IA Positive Safe & overarching clinical risk strategy - Good Assurance	3. Roll out of electronic risk assessments via Safeguard system. (30/09/2017) 4. Risk assesssment training (Sept 17 -Mar 18) 5. NTW1617/22 Safety Inspection Re-audit - Reasonable assurance with High/Medium priority issues

Ref: SA5.4

Review Comments: actions complete, target risk achieved, risk to be de-escalated. Remaining actions to be completed by Patient Safety Department.

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

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

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**
	Risk Appetite:	**Quality Safety:**			**Exceeded**

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,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.	1. Annual review of Governance Framework. 2. Policy Monitoring Framework including Auditable standards, KPI and Annual review. 3.Safety Report to Board Sub Committee and Board. 3/4/7/9.Performance reports to Q and P 5/6/7.Health and Safety,PLACE,service visit and CQC Action Plans. 2. NTW1617 32 Risk Management - Substantial Assurance with remedial actions to take 9.External Audit of Quality Account. 7. CQC Outstanding Review Rating.	1. IA NTW/1516/20: Medical Devices Complete management actions identified in limited assurance audit & re-audit. 2. Outcome and completion of Deciding Together.

Ref: SA5.5

Review Comments: No change.

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

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NHS Foundation Trust

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

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):	5	**2**	10	**Low**
	Target Risk (after improved controls):	5	**1**	5	**Very Low**
	Risk Appetite:	**Compliance & Regulatory:**			**Within**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
1.Independent review of governance-Well Led Framework-Report Jan 2016. 2.Decision Making Framework. 3.Board Assurance Frramework. 4. CQC Comprehensive Inspecition 2016	1.Independent review of governance-Well Led Framework Action Plan. 2/3.External Audit of Annual Governance Statement. 2/3.Annual Review of Terms of Reference and effectiveness of key Committees. 4. CQC Outstanding rating public report.	1. Well Led Review Action Plan to be signed off by board.

Ref: SA5.7

Review Comments: Gaps in control complete. Gap in control added. Timescales added. Current risk score reviewed changes from 4x3 (12) to 5x2 (10) and Target score reviewed and changes from 4x2 (8) to 5x1 (5)		
Executive Lead: Executive Director of Commissioning & Quality Assurance	**Board Sub Committee: Board**	**Updated/Review Date: August 2017**

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

Principal Risk:	**Risk Rating:**	**Impact**	**Likelihood**	**Score**	**Rating**
Failure to develop NTW Academy resulting in the lack of enhanced future nursing supply.	Risk on identification (May 2017):	**4**	**5**	**20**	**High**
	Residual Risk (with current controls in place):	**4**	**5**	**20**	**High**
	Target Risk (after improved controls):	**4**	**3**	**12**	**Moderate**
	Risk Appetite:	**Workforce**			**Exceeded**

Controls & Mitigation **(what are we currently doing about the risk)**	**Assurances/ Evidence** **(how do we know we are making an impact)**	**Gaps in Controls** **(Actions to achieve target risk)**
Proposal to BDG July 2017	Minutes of BDG	Further work on infrastructure Academy board to begin Sept/Oct 17 Board development Session on NTW Academy October before approval by board. Approval by board Oct/Nov 17

Ref: SA5.8

Review Comments: Gaps in control/actions updated. Board development session to take place on NTW academy before approval is sought from Board.

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

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

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

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

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

Clinical Audit Plan 2017/18

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

Final Audits received

Audit Ref	Audit Name	Final issue Date	Assurance provided	BAF/CRR Assurance	Clinical/ Internal Audit
NTW1617 46	IGT	27.04.2017	Substantial Assurance	SA1.7	IA
NTW1617 21	Information sharing with commissioners	27.06.2017	Substantial Assurance	SA1.7	IA
NTW1617 23	Joint working arrangements	27.06.2017	Reasonable Assurance	SA1.5	IA
NTW1617 36	Responding to Tenders	27.06.2017	Substantial Assurance	SA4.4	IA
NTW1617	Quality of impact of FDP	27.06.2017	Substantial Assurance	SA1.1	IA
NTW1617 34	MHA Section 136	27.06.2017	Good Level of Assurance	SA5.2	IA
NTW1617 33	MHA section 17	27.06.2017	Good Level of Assurance	SA5.2	IA
NTW1617 08	Positive & Safe & Overarching Clinical Risk	04.04.2017	Good Level of Assurance	SA5.4	IA
NTW1718 39	Central Alerts System	12.09.2017	Substantial Assurance	SA5.4	IA
