

Report to the Board of Directors

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Title of Report	Board Assurance Framework 2017/18 (v2.1)
Author	Neil Gibson, Head of Quality and Assurance
Executive Lead	Birju Bartoli, Executive Director of Performance and Governance
Responsible sub-committee	N/A
Date of meeting	20th July 2017
Executive Summary	<p>The Trusts Board Assurance Framework (BAF) identifies the strategic objectives, priorities and key risks to achieving those priorities. For each identified risk, the controls and assurances are identified together with the responsible lead Director and responsible committee.</p> <p>The BAF will be reviewed in conjunction with the Trust combined risk register at Assurance Committee on the 18th July, a verbal update will be provided at the Board should any emerging risks be identified for escalation to the BAF.</p>
Assurance Framework reference	N/A
Alignment to Trusts Annual/Strategic Plans or business unit annual plans	N/A
Risk rating (very high, high, medium, low risk)/ any recommended changes	N/A
Compliance/ regulatory requirements (if applicable)	N/A
Actions required by the Board	The Board is asked to note and approve the content of the report.

Assurance Framework for the Key Strategic Objectives 2017/18

Report to Board of Directors, Thursday 20th July 2017

1. Introduction

The system for assurance of the delivery of the Trust's strategic objectives is by the Board Assurance Framework (BAF). In line with best practice recommended by "The Intelligent Board" the Audit Committee and the Board of Directors considers the progress of its strategic objectives at quarterly intervals to support the self-certification to NHS Improvement.

This report needs to be considered in conjunction with the monthly Board of Directors NHSI Regulatory Performance Report.

NHS Improvement (NHSI) – Single Oversight Framework (SOF)

NHSI's <i>Single Oversight Framework</i> became operational from 1 st October, 2016				
	Q1	Q2	Q3	Q4
Trust overall assessment				

Performance and quality metrics	Performance			
	Operational performance metrics (5 acute; 5 mental health) (see note 1)	8 standards met***		
Care Quality Commission	Quality of care (safe, effective, caring, responsive) monitoring metrics	See quarterly Excellence in Safety & Quality report		
	Care Quality Commission			

	Quarter			
	1	2	3	4
Overall Trust Rating	Outstanding			
<i>CQC 'insight' performance monitoring to be included upon publication</i>				

Finance and use of resources	Score = 1*			
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Board statement	Annual Quality Governance	Fully met		
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Other	Material risks	No		
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Single Oversight Framework (SOF) Segment	Segment 1**			
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* Score = 1 is the best score possible

** Segment = 1 means the provider has maximum autonomy

*** Amber means there is a risk to the trust remaining in Segment 1 (Amber means there is a risk to the trust remaining in Segment 1 (because of performance on A&E four hour waits, and the two Cancer 62 day standards)

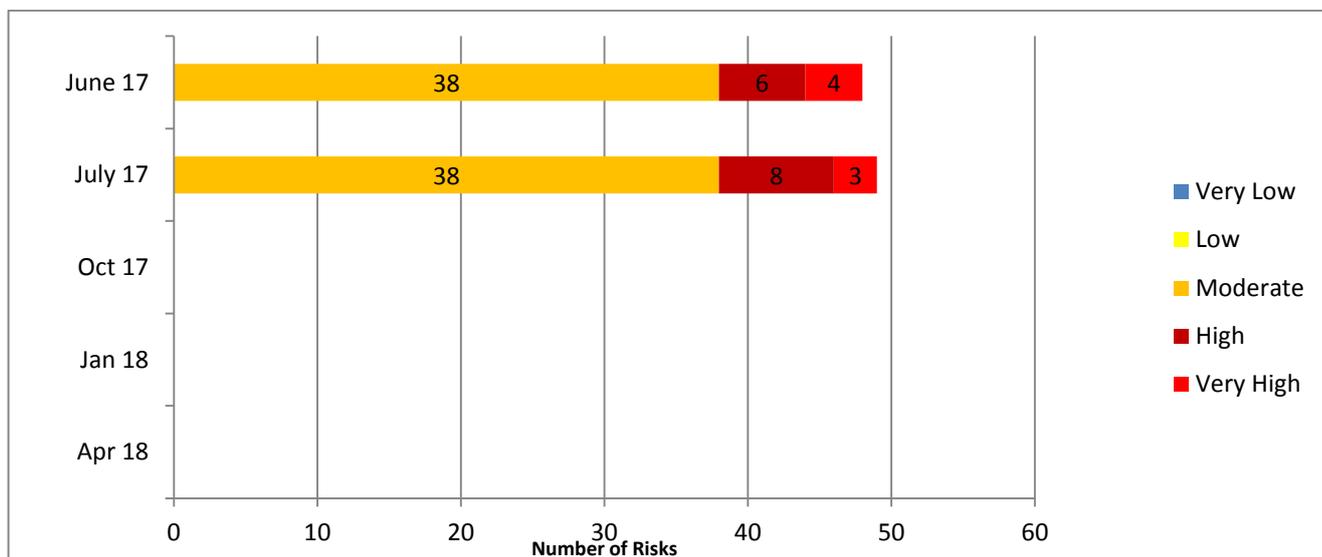
Notes

- Five acute standards with monthly frequency: A&E four hour wait; 18 weeks RTT incomplete pathways; Cancer 62 day waits (2 standards); and 6 week wait for diagnostic procedures.
Two mental health standards with monthly frequency: Data quality metrics for Mental Health Services Data Set submissions to NHS Digital (one for achievement by 2016/17 year-end);
Three mental health standards with quarterly frequency: Improving Access to Psychological Therapies: proportion of people completing treatment who move to recovery and waiting times (2 standards) to begin treatment

A copy of the BAF for 17/18, based on the strategic objectives is enclosed with this report. Following a recommendation from Internal Audit, nominated lead officers for each of the risks within the assurance framework were asked to confirm they remained accountable for the risk and also the accuracy of the information contained within the assurance framework.

2. Key Strategic Risks

The graph below provides a quarterly summary of both the overall number and grade of risks contained within the Assurance Framework.



Since the review of the 2017/18 Assurance Framework in June 2017, a new risk relating to cyber security has been added (ref 5.2 – high risk).

A summary of the current very high/high risks is shown below.

Very High Risks

Ref 2.1 NHSI Single Oversight Framework

- A&E 4 hour target – Quarter 1 performance was 93%, with the target not being met in April or May although performance improved in June with 95% achieved. Overall performance is worse than in the corresponding quarter in 2015/16.
- Hospital acquired Clostridium difficile - the cumulative position is no more than 30 cases for the year 17/18, quarter 1 cumulative actual outturn was 9 against a trajectory of 8.
- Cancer: GP referral to treatment – the 85% target for 62 day GP referrals was not met in April or May and provisional data for June suggesting that meeting this target will remain challenging. Weekly tracking meetings continue to try and ensure that all patients are seen within timeframe. There is also on-going work regarding capacity and demand, including increasing theatre capacity to address this issue. This remains a risk due to the on-going breach numbers and no immediate solution. Along with the quality impact of failing this target, there is also an additional risk of not receiving transformation monies by not meeting the required standard or improvement trajectory. This is a key risk for the organisation given the time sensitive nature of the treatment of patients on these pathways and the impact that consistent failure of a second target could have on the Trust's SOF rating.
- National screening service referral (Bowel cancer screening), provisional performance for quarter 1 was in line with the national target of 90%.
- IAPT (Improving Access to Psychological Therapies), the proportion of people completing treatment who move to recovery performance was 46.6% in quarter 1 against a target of 50%.

Ref 4.1 – 4.3: Overall Healthcare Funding (4.3 is a high risk)

The CSR announcement resulted in a good settlement for the NHS (set against the context of the implications for the wider public sector) however finance does remain a key issue across the NHS and all public sector organisations.

This reset the efficiency challenge equivalent to 2% per annum. There remains the local issue of two very challenged CCGs, which is requiring joint working across the local health economy.

The CSR presents further risks which could have significant impacts across the local authorities and social care. The implications of the CSR round together with the implications of the "living wage" could have significant consequences in terms of social care provision with a consequent impact on healthcare.

High Risks

Ref 1.1 Accountable Care Organisation

The Trust is involved in the development of an accountable care organisation (ACO) both in Northumberland (as part of the PACS Vanguard bid) and in North Tyneside. A key component of this is moving away from PBR and more towards a capitated budget. This movement is recognition that the current system is not sustainable longer term.

Development of the ACO in North Tyneside has now officially 'paused', following the CCG being placed under formal directions by NHS England. Formal guidance with regards to the implications of the direction orders for NT CCG are still on going.

The outline business case was submitted on the 23rd December following approval by both the Trust Board and Northumberland CCG Board. The Trust awaits feedback from NHSI and NHS England. Due diligence and associated transition work streams continue across the Trust and CCG.

A response to the red line letter was received in May and shared with the Board. The proposed transitional funding offer was significantly lower than that outlined in the full business case. As such there continues to be on going negotiations with NHSE and NHSI on delivery of the financial model and the contract, with legal teams being re-engaged to support where necessary. The development of the clinical strategy continues alongside these negotiations.

Ref 2.3 Save Lives and Reduce Harm

- Pressure ulcers and Falls have been identified from incident reporting and safety thermometer as key areas for improvement, both feature as Trust priorities for the year. Improvement plans, led by the Executive Director of Nursing are in place and will continue to be monitored by the Safety and Quality Committee. The risk rating has been discussed at Safety and Quality Committee in April with agreement to maintain the current risk rating.
- Surgical Site Infections - In the year to May 2017, 1 deep infection has been reported (0 knee and 1 hip and 0 fractured neck of femur). RCAs for all cases continue to be undertaken with actions being monitored via the SSI working group and Trauma and Orthopaedic board.
- MRSA - The target for the number of MRSA positive cases, post 48 hrs admission is 0 for the period 17/18. In 2017/18 to date there have been 0 positive cases allocated to the Trust. Whilst this is no longer a direct target in accordance with the NHSI Single Oversight Framework, NHSI do reserve the right to escalate a Trust in view of MRSA positive cases.

Ref 2.5 CQC Regulation 9: Person Centred Care

Limitations of breast radiological provision – due to the reduction of Breast Radiologists and as the inability to successfully recruit to vacant posts, a two stop clinical pathway has been implemented in the interim period to reduce pressure on the service and meet two week wait standards. Following discussions at EMT, the Trust is now looking to pursue overseas recruitment through already well established contacts.

Ref 2.11 Regulation 15: Premises and Equipment

There are two issues which contribute to this being rated a high risk, they relate to:

- The CSSD function and capacity at both NTGH and WGH is struggling to meet demand with aging equipment. At present a combination of maintenance contracts and in house maintenance is currently ensuring service provision, however due to the aging hardware and issues with services there is a risk to on-going service provision. A project group has been established to consider all available options with an updated options appraisal document to be submitted to the project group at end of April 17.
- In June 17 the Board approved the inclusion of fire safety measures across the Trust as a high risk, in summary there are issues with fire compartmentation at a number of Trust sites including NSECH, HGH, Halthwhistle, Blyth and Berwick. There are also issues with fire stopping at NTGH and WGH. Actions to address these issues are in progress and these will be monitored by Estates and Facilities/NHFML.

Ref 2.14 CQC Regulation 18: Staffing (was very high risk)

There are a number of staffing issues which are contributing to this risk, these relate to:

- Insufficient Breast and General Radiologists – a robust reporting radiographer timetable has been implemented and Locums employed to undertake the reporting to alleviate any risks. As reported under 2.8 below, agreement through EMT has been reached to pursue overseas recruitment to these posts. In addition, although additional Haematology medical staff have been recruited, the new staff require a period of training before being able to provide an adequate out of hours service. The risk is currently being mitigated by the Business unit, but inadequate service provision, especially out of hours continues to be a concern.
- Recruitment of theatre nurses continues to be problematic due to national shortages of these staff. To address this shortage a further targeted recruitment campaign is planned.
- Maternity Staffing – due to the increase in births at NSECH, there are currently shortfalls in the level of midwifery staffing within the Trust. EMT has now approved further funding for recruitment of additional midwives.
- We have a high turnover of Operating Department Practitioners at present as they are in short supply
- We have an increasing turnover of Nurse practitioners as again they are in short supply with a number of them taking up posts outside the organisation – a continued process of appointing to training posts is underway
- Monitor Agency Fee Cap – the Trust is currently unable to wholly comply with the current Monitor cap on agency fees. Each potential breach of the cap is assessed on an individual basis, with the maintenance of patient safety being the overriding concern, with approval obtained from the Executive Director of Operations/Deputy Chief Executive. There is the potential for an increased number of breaches when the agency cap is tightened further from April 2016. A separate paper on this issue was presented to the Trust Board in January 2016.
- Medicine Nursing Rota (especially Elderly Care) - due to nursing vacancies and sickness within Medicine there continues to be a number of gaps within the nursing rota. The action plan to mitigate against these gaps continues to be implemented and is closely monitored by the Business Unit.

In June 2017, the Board received a paper from the interim Executive Director of Nursing which recommended that the risk rating for this issue be reduced from a very high risk to high risk (having previously been escalated to very high in January 2017). The paper concluded that the risk for nurse staffing remains high, however, the mitigation, controls and reporting gives assurance that nurse staffing is safe. In addition, Internal audit reported substantial assurance for nurse staffing in June 2017. Following discussion at Board it was agreed that the risk rating be reduced to high risk.

Ref 5.1 Information and Technology

Maternity E3 system - E3 Euroking is the maternity data capture system that now has no on-going support and is likely to need replacing. It is likely that a new system will need to be implemented given the payment of activity is linked to the activity reports from this system.

Ref 5.2 Cyber Security (new risk)

Cyber security remains a high risk for the Trust although this is mitigated against by the contracts and security that the Trust has in place. To provide Board with assurance, GE-Finnamore have been engaged to review our current and future options to reduce the impact of any future virus or malware network ingress. Cyber Security will continue to be monitored, and adoption of ISO27001 will greatly assist in providing on-going assurance. The recent WannaCry virus highlights the necessity of continual vigilance and ensuring that systems and applications remain up-to-date and supported.

Emerging Risks

The Trustwide risk register will be reviewed at the Assurance Committee meeting on the 18th July 2017 with a verbal update provided to Board.

4. Actions to close gaps in controls/assurances

Actions to close gaps in controls/assurances are described within the assurance framework, which is attached. This should be considered as a source of accurate, timely and meaningful assurance to the board of directors and should be subject to internal audit reviews similar to other important sources of assurance during 2017/18 and beyond.

5. Recommendation

In line with best practice from the AC Handbook, the Committee is asked to:

- Approve the Board Assurance Framework
- Note that the high risks have appropriate actions in place to respond to these actions.

Birju Bartoli

Executive Director of Performance and Governance

July 2017

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
1.0 STRATEGIC OBJECTIVE: To ensure that quality underpins every decision													
1.1	Accountable Care Organisation Delivery of an ACO as part of Northumberland PACS vanguard 5 year forward view process. Development of ACO concept and approval of business case.	The ACO does not deliver the intended quality, health and financial improvements.	3	5	High risk ↕	<ul style="list-style-type: none"> Programme Board established Beachcrofts support 	Internal <ul style="list-style-type: none"> TB reports from programme board External	<ul style="list-style-type: none"> Programme Board report to TB – monthly ACO Update – June 17 	-	no	n/a	B Bartoli/P. Dunn/ A. Wright	Strategy Committee
1.2	Acute Care Collaboration/ Commercial Development 5 year forward view to develop 'chain' model of working (including provision of some services for NCUH). Sharing best practice across the wider NHS.	Benefits realisation The ACC/subsidiary companies do not deliver intended clinical and financial benefits. These include: <ul style="list-style-type: none"> NHFML NPC IT subsidiary (later in 17/18) 	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Subsidiary companies established with individual boards 	Internal <ul style="list-style-type: none"> Subsidiary reporting to TB External	<ul style="list-style-type: none"> Key issues reports from Trust subsidiary companies – NPC and NHFML 	• IA 16/17 NPC – limited assurance	no	n/a	B Bartoli/P. Dunn/ A. Wright	Strategy Committee
1.3	New specialist emergency care centre/hospital site and community service reconfiguration That the new model of care introduced with the opening of NSECH. Reconfiguration of non-NSECH sites/community services to support moving from hospital to community based services.	Model of Care Potential risks involve activity, income and workforce issues.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Financial/budgetary control Monitoring of activity levels Workforce monitoring including staff feedback 	Internal <ul style="list-style-type: none"> Trust Board Finance, Performance and Investment Committee External <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Finance/activity reporting to FiP Corporate finance report – TB monthly NHSI Performance Report– TB Monthly FiP key highlights report to TB – monthly from October 15 	-	no	n/a	B Bartoli/P. Dunn/ A. Wright	Strategy Committee
2.0 CORPORATE OBJECTIVE: To provide the safest health and care services to patients and service users													
2.1	Quality Complying with NHSi Single Oversight Framework	NHSi Single Oversight Framework Demonstrating non-compliance without adequate explanation leading to adverse regulatory intervention.	5	4	Very High Risk ↕	<ul style="list-style-type: none"> Annual self-assessment by the Board and Board committees Performance Mgt system 	Internal <ul style="list-style-type: none"> Annual Governance Framework External <ul style="list-style-type: none"> Head of IA opinion External Audit Well led review 2016 	<ul style="list-style-type: none"> Annual accounts Excellence in Safety and Quality Report – TB Quarterly Quality Account NHSi Performance Report– TB Monthly SQC – key issues report 	<ul style="list-style-type: none"> • KPMG Quality Account/Annual report review 2017 • IA 15/16 – SUI/SLE – significant assurance • IA 15/16 Monitor Declarations – significant assurance • IA 15/16 – 18wks indicator – significant assurance • IA 16/17 – Data Quality Cancer Targets 31 days – limited assurance • Deloitte 2016 Well led Review 	no	n/a	B Bartoli/ J Rushmer	Finance, Investment and Performance Committee

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			LH	Cons	Rating			Internal	External				
2.2	Quality Serious incidents, complaints and clinical audit outcomes are used to learn and improve healthcare.	Systemic Failure Serious failures from incidents, complaints, claims and clinical audit result from weaknesses in our systems of care and culture	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Incident management system Complaints and claims monitoring processes Safety and Quality Committee Safety Panels Quality Panels 	Internal <ul style="list-style-type: none"> Monthly TB reports External <ul style="list-style-type: none"> Monitor assessment at quarterly intervals Internal Audit 	Internal <ul style="list-style-type: none"> Report on serious incidents, complaints and claims monthly Excellence in Safety and Quality Report – TB Quarterly Ward Assurance Report – TB Monthly External <ul style="list-style-type: none"> IA 15/16 – Complaints – significant assurance IA 16/17 – Medical Gases – good assurance IA 16/17 – Policy Management – substantial assurance IA 16/17 Clinical Audit – substantial assurance 	no	n/a	B Bartoli/J Rushmer	Safety and Quality Committee	
2.3	Quality Ensuring that our safety and quality priorities focus on our key risks and are effective Use improvement methodology to work smarter.	Save lives and reduce harm Safety culture is not open and transparent Increase in mortality/harm Failure to achieve the targets set, resulting in financial underperformance and possibly reputational damage: <ul style="list-style-type: none"> Safety and Quality priorities CQUIN National Priorities Best practice tariff 	4	4	High Risk ↕	<ul style="list-style-type: none"> Quality Laboratory Quality Panels Monthly monitoring through safety and quality report 	Internal <ul style="list-style-type: none"> Quality and Safety report Annual Plan Quality Account Performance Report External <ul style="list-style-type: none"> CHKS CQC National staff survey Independent Assessment of Quality Account Internal Audit 	Internal <ul style="list-style-type: none"> Excellence in Safety and Quality Report – TB Quarterly NHSi Performance Report – TB Monthly Quality Account Governors Body Exec walkabout report to TB monthly Corporate Financial compliance and financial strategy report – TB quarterly Report on serious incidents, complaints and claims monthly External <ul style="list-style-type: none"> Annual national staff survey KPMG Quality Account review 2016 IA 15/16 – SUI/SLE – significant assurance IA 16/17 – Lone Working – limited assurance IA 16/17 – Medical Gases – good assurance IA 16/17 – CQUIN targets – good assurance 	no	n/a	B Bartoli/J Rushmer	Safety and Quality Committee	
2.4	CQC Compliance Ensuring on-going compliance with Health and Social Care Act 2008 Regulations 2014.	Regulation 5: Fit and Proper Persons: Directors: The risk concerns those people with director level responsibility for the quality of care and treatment not meeting the fit and proper persons requirements.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	Internal <ul style="list-style-type: none"> Quality and Safety report – monthly ¼ PCA update/report to assurance ctte External <ul style="list-style-type: none"> CQC inspections 	Internal <ul style="list-style-type: none"> NHSi Performance Report – TB Monthly HR/OD Development Report – TB Quarterly WFC key issues report External <ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	A. Stringer	Assurance Committee	
2.5	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	Regulation 9: Person-centred care: The risk concerns ensuring that people who use the service have care/treatment which is personalised specifically for them.	3	5	High risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	Internal <ul style="list-style-type: none"> Quality and Safety report – monthly External <ul style="list-style-type: none"> Care Quality Commission 	Internal <ul style="list-style-type: none"> NHSi Performance Report – TB Monthly 15 steps monthly report to SQC Chief Matrons nursing ward assurance report to TB External <ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	D Reape/A Wright/ D Lally	Assurance Committee	

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			LH	Cons	Rating			Internal	External				
2.6	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 10: Dignity and respect</u> : The risk concerns ensuring that people who use the service are treated with respect and dignity at all times whilst they are receiving treatment.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<u>Internal</u> <ul style="list-style-type: none"> Quality and Safety report – monthly <u>External</u> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> NHSi Performance Report – TB Monthly 15 steps monthly report to SQC Estates and Facilities Strategic Report – TB Qtrly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 15/16 – Patient Experience – significant assurance 	no	n/a	D Reape/A Wright/D Lally	Assurance Committee
2.7	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 11: Consent to care and treatment</u> : The risk concerns ensuring that consent is given by all those people using the service before any treatment or care is provided by the Trust.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<u>Internal</u> <ul style="list-style-type: none"> Quality and Safety report – monthly <u>External</u> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report – TB Monthly Excellence in Safety and Quality report – TB qtrly 15 steps monthly report to SQC 	<ul style="list-style-type: none"> IA report NAM 1418 – significant assurance IA 16/17 – CQC – substantial assurance 	no	n/a	A Wright	Assurance Committee
2.8	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 12: Safe Care and Treatment</u> : The risk concerns ensuring that people who use the service are prevented from unsafe care and treatment and avoidable harm/risk of harm. <i>Note: this regulation is wide ranging and covers Medicines Management, Premises, Equipment, Emergency Preparedness and Infection Control</i>	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. Premises Assurance Model – self assessment and evidence files 	<u>Internal</u> <ul style="list-style-type: none"> Quality and Safety report – monthly <u>External</u> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report – TB Monthly 15 steps monthly report to SQC Infection control annual report – July 16 Estates and Facilities Strategic Report – TB quarterly Estates & Facilities Performance Report – EFC quarterly Emergency preparedness, resilience and response annual plan – Apr 15 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 15/16 – NICE guidelines – significant assurance IA 15/16 – Decontamination of Medical Devices – significant assurance IA 15/16 – security management – significant assurance IA – 16/17 – lone working – limited assurance IA 16/17 – Community Estates – good assurance 	<ul style="list-style-type: none"> Action plan in place to address the limited assurance in the internal audit of lone workers. New policy to be approved addresses all audit recommendations and actions put in place to implement policy requirements. 	Complete	D Reape/A Wright/D Lally/S Bannister	Assurance Committee
2.9	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 13: Safeguarding service users from abuse and improper treatment</u> : The risk concerns ensuring that people who use the service are safeguarded from any form of abuse or improper treatment which receiving care and treatment.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. Annual self assessment section 11 audits reviewed by both LSCB's 	<u>Internal</u> <ul style="list-style-type: none"> Quality and Safety report – monthly <u>External</u> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> NHSi Performance Report – TB Monthly 15 steps monthly report to SQC Safeguarding quarterly reports Report on serious incidents, complaints and claims monthly Safeguarding Annual report – June 15 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 16/17 – Safeguarding Children and Vulnerable Adults – good assurance IA 16/17 – MCA and DoLS – reasonable assurance 	no	n/a	D Reape	Assurance Committee

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			LH	Cons	Rating			Internal	External				
2.10	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 14: Meeting nutritional and hydration needs</u> . The risk concerns ensuring that people who use the service have adequate nutrition and hydration to reduce the risks of malnutrition and dehydration whilst they receive care and treatment.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> NHSI Performance Report– TB Monthly 15 steps monthly report to SQC Estates and Facilities Strategic Report – TB Qtrly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 16/17 – Food and Nutrition, split opinion Governance: reasonable assurance, Operational: Good assurance 	n/a	D Reape	Assurance Committee	
2.11	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 15: Premises and Equipment</u> : The risk concerns ensuring that premises where care and treatment is provided is clean, suitable for the intended purpose, maintained and where required appropriately located. In addition, equipment used to deliver care and treatment needs to be clean, suitable for the intended purpose, maintained, securely stored and used properly. <i>Note: this regulation covers Premises, Equipment and Infection Control</i>	3	5	High risk ↔	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. Premises Assurance Model – self assessment and evidence files 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSI Performance Report– TB Monthly 15 steps monthly report to SQC Infection control annual report – June 16 Estates and Facilities Strategic Report – TB quarterly Estates & Facilities Performance Report – EFC quarterly Estates Annual Report – TB June 16 	<ul style="list-style-type: none"> IA 16/17 – CQC – significant assurance IA 15/16 – Decontamination of Medical Devices – significant assurance IA 16/17 – Community Estates – good assurance 	December 2019	D Reape/S Bannister /A Wright	Assurance Committee	
2.12	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 16: Receiving and acting on complaints</u> : The risk concerns ensuring that there is an effective and accessible system for identifying, receiving, handling and responding to complaints with the necessary actions taken where failures are identified.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> NHSI Performance Report– TB Monthly Safety and Quality regulatory report – TB Quarterly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 15/16 – Complaints – significant assurance 	n/a	B Bartoli	Assurance Committee	
2.13	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 17: Good Governance</u> : The risk concerns ensuring that the Trust has effective governance processes (including auditing and assurance systems) which drive quality improvements, including patient experience, and also the health and safety of people who use the service and others. <i>Note: this regulation covers Records Management, Patient Experience, Clinical Audit and Health and Safety</i>	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSI Performance Report– TB Monthly Safety and Quality regulatory report – TB Quarterly HR/OD Development Report – TB Quarterly Nurse staffing update – June 17 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 15/16 – Child Health: Governance Review – significant assurance IA 15/16 – NICE guidelines – significant assurance IA 15/16 – Assurance framework – significant assurance IA 16/17 Clinical Audit – substantial assurance 	n/a	B Bartoli/M Thomas/ J Rushmer /A Wright/A Stringer/A Lavery/C Riley	Assurance Committee	

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
2.14	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 18: Staffing:</u> The risk concerns ensuring that the Trust deploys enough suitably qualified, competent and experienced staff to meet the needs of the people using the service at all times. Staff should also receive the support, training, appraisal, professional development and supervision in order for them to carry out their role.	3	5	High Risk ↓	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly Worked Nos report on nursing written by Deputy Director of Nursing <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report– TB Monthly 15 steps monthly report to SQC Ward Assurance report – SQC and TB monthly HR/OD Development Report – TB Quarterly Six monthly EDON reviews 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 15/16 – Medical Revalidation – significant assurance IA 15/16 – Clinical Supervision – limited assurance IA 15/16 – pre employment checks: bank and agency staff – limited assurance Hard truths monitoring Care hours per patient day IA 16/17 SM Training – Substantial assurance IA 16/17 – Audit of Safe Staffing: substantial assurance 	no	n/a	D Reape/A Wright/D Lally/ A Stringer	Assurance Committee
2.15	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 19: Fit and proper persons employed:</u> The risk concerns ensuring that the Trust only employs fit and proper staff.	1	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report– TB Monthly HR/OD Development Report – TB Quarterly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 12/13 Recruitment and Appointments – significant assurance IA 14/15: Professional Registration – significant assurance IA 15/16 – pre employment checks: bank and agency staff – limited assurance 	no	n/a	A Stringer	Assurance Committee
2.16	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 20: Duty of Candour:</u> The risk concerns ensuring that the Trust is open and transparent with people who use services.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> NHSi Performance Report– TB Monthly Report on serious incidents, complaints and claims monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance IA 16/17 – Duty of Candour – good assurance 	no	n/a	D Reape/A Wright/D Lally/ B Bartoli	Assurance Committee
2.17	CQC Compliance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Social Care CQC registration</u> Failure to monitor compliance with the Health and Social Care Act in respect of all applicable outcomes in accordance with the terms specified under the partnership agreement with Northumberland County Council.	2	4	Moderate Risk ↕	<ul style="list-style-type: none"> Designated Trust leads for this standard Comprehensive quarterly self-assessment against the requirements of the standard which brings together evidence of compliance. Note that this self-assessment provides a detailed review against the CQC requirements which is not repeated in this assurance framework. Quarterly review and sign off of the self-assessment by designated committee with exception reporting to Trusts Assurance Committee. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Quality and Safety report – monthly <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report– TB Monthly 	<ul style="list-style-type: none"> 9/9 services inspected and rated as 'Good', 	no	n/a	D Lally	Assurance Committee

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
2.18	Service Performance The Trust meets Information Governance standard level 2 as a minimum.	Information Governance That the trust may not meet the new enhanced standards for information governance.	3	4	Moderate Risk ↕	<ul style="list-style-type: none"> IM&T Strategy IM&T Committee Information Governance sub-committee, key performance indicators. Information governance policy and procedures. IG Governance sub-committee ¼ report to IM&T Committee 	Internal <ul style="list-style-type: none"> IM&T minutes/reports to TB Information governance sub-committee report and minutes to IM&T Comm External <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> IM&T Strategy - TB quarterly 	<ul style="list-style-type: none"> IA 15/16 AD user – significant assurance IA 16/17 - Web Filtering – reasonable assurance IA 16/17 IT Asset Management – good assurance IA 16/17 Q2 Server Testing – reasonable assurance IA 16/17 Ascribe IT Security – reasonable assurance IA 16/17 – Information Governance toolkit – substantial assurance IA 16/17 PAS – reasonable assurance 	no	n/a	M Thomas	Finance, Investment and Performance Committee
2.19	Service Performance Information and technology helps the business by delivering accurate, complete, meaningful and timely information	Data Quality Clinical coding may not be adequate to ensure comorbidities are recorded. Sign and symptom code as a primary diagnosis with potential adverse impact on income and risk adjusted measures produced. Analysis adversely affected by use of non-specific diagnosis/procedure codes. Loss of income if coding not completed within 20 th day after month end. Incorrect or missing NHS numbers.	3	4	Moderate Risk ↕	<ul style="list-style-type: none"> IM&T Strategy IM&T Committee Safety and Quality committee, key performance indicators. Data quality policy and procedures. 	Internal <ul style="list-style-type: none"> IM&T minutes/reports to TB Safety and Quality report to TB External <ul style="list-style-type: none"> KMPG Quality Account review 	<ul style="list-style-type: none"> IM&T Strategy - TB quarterly Excellence in Safety and Quality Report – TB Quarterly 	<ul style="list-style-type: none"> KMPG Quality Account review – May 17 IA 16/17 Healthcare agreements – substantial assurance IA 16/17 – Audit of performance: cancer targets 62 days – substantial assurance 	no	n/a	M Thomas	Finance, Investment and Performance Committee
3.0 STRATEGIC OBJECTIVE: To be recognised as a caring organisation locally, regionally and nationally													
3.1	Patient Experience Aim to apply consistent excellent customer care across the organisation at all times to the same level expected from commercial organisations. Aim is to continue to operate in top 20% of hospitals.	Patient experience Failure to maintain and improve on our customer service standards.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Data collection processes and analysis. Feedback to wards and monthly monitoring of patient feedback. 	Internal <ul style="list-style-type: none"> Patient experience quarterly report to the TB External <ul style="list-style-type: none"> CQC Internal Audit 	<ul style="list-style-type: none"> Patient satisfaction report TB – quarterly 	<ul style="list-style-type: none"> Annual patient survey 	no	n/a	A Laverly	Safety and Quality Committee
3.2	Patient Experience Embed '15 steps' ward assessment programme throughout the trust	Patient experience Failure to maintain and improve on our customer service standards.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Assessment toolkit developed Assessment plan/standard reporting established SharePoint site for sharing lessons learnt 	Internal <ul style="list-style-type: none"> 15 steps audit reports to SQC External <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> NHSi Performance Report– TB Monthly Monthly 15 steps report to SQC Excellence in Safety and Quality Report – TB Quarterly 	-	no	n/a	B Bartoli	Safety and Quality Committee
4.0 STRATEGIC OBJECTIVE: Maintain long term financial strength despite the challenging environment													

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
4.1	Overall healthcare funding (including underachievement of cost reduction targets)	<p><u>Maintain a Financial Risk rating of 4.</u> Failure to deliver 10 year investment strategy.</p> <p>Failure to achieve cost reduction programme.</p> <p>Incorrect assumptions over inflationary and cost increases</p> <p>Inability to manage capital investments</p> <p>Better Care Funds: Plans by CCG's and Health and Wellbeing Board to reduce Trust Contracts to form pooled budget with L.A.</p>	5	4	Very High Risk ↕	<ul style="list-style-type: none"> Budgetary control system 10 year investment strategy, updated annually. Cost Improvement Plans in place and agreed with Business Units Budgetary control systems Capital management programme Financial strategy in place Monthly reporting to EMT, FIP Ctee and regular Contract discussions with CCG's 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <p><u>External</u></p> <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly AC report to TB – Qrtly Trust Annual Plan 	<ul style="list-style-type: none"> IA 15/16 – SPV Governance Arrangements – significant assurance IA 15/16 – Cost control – significant assurance IA 15/16 – losses and compensations – significant assurance IA 15/16 – Hospital travel costs scheme – significant assurance IA 15/16 – Counterfraud report: Staff travel and expenses – significant assurance IA 16/17 – Finance 3rd party – good assurance IA 16/17: Financial Reporting and budgetary Control – substantial assurance IA 16/17 NHS Improvement Submissions – substantial assurance IA 16/17 – TaER – reasonable assurance 	no	n/a	P Dunn	Finance, Investment and Performance Committee
4.2	As above	<p><u>National Tariff changes and Readmissions</u> Inability to operate within the national tariff, that funding is not indexed in line with the assumptions in the plan.</p>	5	4	Very High Risk ↕	<ul style="list-style-type: none"> Plan to reduce avoidable emergency admissions agreed with commissioners. Treasury Management policy. Budget control system. Financial Strategy 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <p><u>External</u></p> <ul style="list-style-type: none"> External Audit Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly AC report to TB - Qrtly 	<ul style="list-style-type: none"> IA 16/17: Financial Reporting and budgetary Control – substantial assurance IA 16/17 Healthcare agreements – substantial assurance 	no	n/a	P Dunn/B Bartoli	Finance, Investment and Performance Committee
4.3	as above	<p><u>Commissioning Intentions</u> Demand management by the commissioners leads to activity switch from Trust materially affecting market share and income.</p> <p>Provider impact on demographic changes – longer life expectancy and complexity of health issues.</p>	4	4	High Risk ↕	<ul style="list-style-type: none"> Budget control system. Financial Strategy 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <p><u>External</u></p> <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly AC report to TB - Qrtly 	<ul style="list-style-type: none"> IA 16/17 Healthcare /non-healthcare agreements – substantial assurance 	no	n/a	P Dunn/B Bartoli	Finance, Investment and Performance Committee

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
4.4	Stakeholders	<p><u>Deliver the level of Surplus contained in the Annual Plan</u> Inability to achieve planned surplus.</p> <p>Financial Position of CCGs. The CCGs are forecasting deficit position which could impact on ability to pay for contract activity.</p>	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Financial Strategy/3 year plan in place Treasury Management Policy Budget Control System 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <p><u>External</u></p> <ul style="list-style-type: none"> External Audit Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly AC report to TB – Qrtly 	<ul style="list-style-type: none"> IA 15/16 – Overseas Patient Income – limited assurance IA 15/16 – Financial ledger – significant assurance IA 15/16 – ordering and receipt of goods: pharmacy – significant assurance IA 15/16 – Hospital travel costs scheme – significant assurance IA 15/16 – Counterfraud report: Staff travel and expenses – significant assurance IA 16/17 – Financial Ledger – substantial assurance IA 16/17: Financial Reporting and budgetary Control – substantial assurance IA 16/17 – Assurance Audit of education training income – substantial assurance IA 16/17 Healthcare /non-healthcare agreements – substantial assurance IA 16/17 – TaER – reasonable assurance 	no	n/a	P Dunn	Finance, Investment and Performance Committee
4.5	as above	<p><u>Achieve significant assurance with no issues of note in our key financial internal audit plans</u> Failure to address and maintain issues raised in previous audits.</p>	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Audit Committee actively monitoring progress 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Audit Committee Annual report Audit Committee minutes to TB <p><u>External</u></p> <ul style="list-style-type: none"> External Audit Internal Audit 	<ul style="list-style-type: none"> AC report to TB - Qrtly 	<ul style="list-style-type: none"> IA 16/17 Healthcare /non-healthcare agreements – substantial assurance IA 15/16 Accounts Payable – significant assurance IA 15/16 – Financial ledger – significant assurance IA 16/17 Accounts Receivable – substantial assurance IA 16/17 – Financial Ledger – substantial assurance IA 16/17 – Ordering and Receipt of Goods – substantial assurance 	no	n/a	P Dunn	Finance, Investment and Performance Committee
4.6	as above	<p><u>Maintain service line reporting in accordance with Monitor's guidance for clinical specialities</u> Lack of resource to identify income and costs to Business Units.</p>	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Service Line Reporting embedded in Bus and reported to BU Boards and FiP 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <p><u>External</u></p> <ul style="list-style-type: none"> External Audit Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly Audit Committee report to TB – Qrtly 	<ul style="list-style-type: none"> IA 16/17: Financial Reporting and budgetary Control – substantial assurance IA 16/17 – Financial Ledger – substantial assurance 	no	n/a	P Dunn	Finance, Investment and Performance Committee

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
4.7	as above	<u>To operate a strong working capital performance:</u> Non payment of debt by commissioners. Poor budgetary control.	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Treasury Management policy. Budget control system. Financial Strategy 	<u>Internal</u> <ul style="list-style-type: none"> Corporate Compliance Report – TB monthly <u>External</u> <ul style="list-style-type: none"> External Audit Internal Audit 	<ul style="list-style-type: none"> Corporate Compliance Report – TB monthly AC report to TB – Qrtly 	<ul style="list-style-type: none"> IA 16/17 Accounts Receivable – substantial assurance IA 16/17 – Bank and treasury management – substantial assurance IA 16/17 – Accounts Payable – substantial assurance 	no	n/a	P Dunn	Finance, Investment and Performance Committee
5.0 STRATEGIC OBJECTIVE: Attract, retain, support and train the best staff													
5.1	Information and technology Clinical and Business needs are at the centre of our IM&T service delivery – Electronic Integrated Health Record	<u>Completion of ward clinical management system roll out: e-enablement of remaining case note documentation: achieve best in class CHKS data quality award: pilot of e-health record between GP and Trust</u> IT projects do not address the clinical/business needs of the Trust	4	4	High risk ↕	<ul style="list-style-type: none"> Project management plans approved by IM&T committee IM&T Committee meets monthly and cycles each meeting through strategic programme, finance and performance, projects and governance 	<u>Internal</u> <ul style="list-style-type: none"> IM&T Cttee <u>External</u> <ul style="list-style-type: none"> IG Level 2 Internal Audit 	<ul style="list-style-type: none"> IM&T Strategy - TB quarterly 	<ul style="list-style-type: none"> IA 15/16 PACS General Controls – significant assurance IA 15/16 Incident Management – significant assurance IA 15/16 – IM&T Governance – significant assurance IA 15/16 – Radiology Information Systems – significant assurance IA 15/16 Pathology System – significant assurance IA 15/16 – Network Testing Q4 – significant assurance 	no	n/a	M Thomas	Finance, Investment and Performance Committee
5.2	Information and technology Clinical and Business needs are at the centre of our IM&T service delivery	<u>Cyber Security</u> Loss of data through encryption or theft could impact on direct patient care, of financial position of the Trust. Malicious attacks could disable key equipment impacting direct care.	3	5	High risk (NEW)	<ul style="list-style-type: none"> Contracts with Anti-virus vendors CareCert monitor nationally and provide early sight of alerts. 	<u>External</u> ISO 27001 accreditation	<ul style="list-style-type: none"> IGSoC annual submission 	<ul style="list-style-type: none"> GE-F review underway, to report to Board in September 	Not yet identified	Not yet identified	M Thomas	Finance, Investment and Performance Committee
5.3	Our People Our culture Staff Experience Recruit high calibre people and offer a flexible, patient centred and family friendly work environment. Develop our people with good talent and engage and communicate with our staff. Embed quality outcomes in appraisals.	<u>Staff experience</u> The Trust does not achieve a top 20% rating	3	4	Moderate risk ↕	<ul style="list-style-type: none"> We have a robust system in place to deliver this standard 	<u>Internal</u> <ul style="list-style-type: none"> Quarterly HR report <u>External</u> <ul style="list-style-type: none"> CQC validation National staff survey 	<ul style="list-style-type: none"> Staff Survey results – TB HR/OD Report – TB Quarterly Patient experience report – TB quarterly (incl. staff experience from Sept 11) 	<ul style="list-style-type: none"> 2016 annual staff survey 	no	n/a	A Stringer	Workforce Committee
5.4	Implementation of the Boorman Review on achieving a healthy workforce Reduction in incidence of stress, obesity, back pain and smoking in the workforce. Reduction in sickness levels	Reduced staff health and motivation has detrimental effect on overall patient care.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> There is a Workforce Committee strategy/improvement plan approved by the Board. Workforce Management system 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Cttee Risk register <u>External</u> <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	<ul style="list-style-type: none"> IA 16/17 Absence Monitoring – good assurance 	no	n/a	A Stringer	Workforce Committee

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
5.5	Code of Behaviour To embed the Code of Behaviour	Staff are unclear about the values and behaviours expected.	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Code of Behaviour approved by Board of Directors and Clinical policy Group. Consultation process agreed with Staff Side Representatives. Comms Team dealing with this issue 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Committee Risk register <u>External</u> <ul style="list-style-type: none"> CQC Annual Healthcheck 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer	Workforce Committee
5.6	Maintain Model Employer Status	<u>Staff Survey</u> Implement the results of the staff survey, a lack of progress will affect our Care Quality Commission rating. Also, our staff may be attracted to an alternative employer	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Staff survey report presented to the Board of Directors including an appropriate action plan. 	<u>Internal</u> <ul style="list-style-type: none"> Service Improvement Plan agreed by the Board of Directors. Monitored by the Workforce Committee <u>External</u>	<ul style="list-style-type: none"> Staff Survey results - TB HR/OD Report – TB Quarterly Commercial in Confidence update - TB 	-	no	n/a	A Stringer	Workforce Committee
5.7	Working in partnership with staff	Poor relationships with staff side	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Partnership meetings, training attendance are well established 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Committee meeting Partnership Meetings <u>External</u>	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer	Workforce Committee
5.8	Compliance with European Working Time Directive (incl modernising medical careers)	Junior Doctors Hours: 100% compliance in terms of protocols and actual hours worked	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Doctors are aligned to correct rota/week on the staff rota electronic system. 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Committee. <u>External</u> <ul style="list-style-type: none"> Internal Audit 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly CIC updates to TB 	<ul style="list-style-type: none"> IA 15/16: WTD – significant assurance 	no	n/a	A Stringer	Workforce Committee
5.9	Management of Equal Pay Claims: Ensure appropriate defence to equal pay work of equal value claims	Inappropriate defence to equal pay claims.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Regular case review and strategy meetings with Beachcroft Effective local control of the process Workforce Management system 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Cttee Risk register <u>External</u> <ul style="list-style-type: none"> Case review and strategy meetings with Beachcroft 	<ul style="list-style-type: none"> TB Equal Pay update – Commercial in confidence updates to TB HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer	Workforce Committee
5.10	Workforce Plan: Trust workforce plan to be updated in line with clinical business unit service developments (incl emergency care centre)	Responding to the impact of an ageing workforce profile.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> There is a Workforce Committee strategy/improvement plan approved by the Board. Plan to set out the key objectives which will be presented to the Board. Workforce Management system Trust workforce plan Localised service plans 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Cttee Risk register <u>External</u>	<ul style="list-style-type: none"> Workforce Committee report to TB – quarterly 	<ul style="list-style-type: none"> Assurance from Health Education North East around robustness of workforce plan IA 15/16 – pre employment checks: bank and agency staff – limited assurance 	no	n/a	A Stringer	Workforce Committee
5.11	Recruitment – continue to recruit high quality candidates	Inability to recruit high quality candidates	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Recruitment policies and procedures 	<u>Internal</u> <ul style="list-style-type: none"> Workforce Cttee Risk register <u>External</u>	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer	Workforce Committee

Ref	Principal Objective	Principal Risks:	Grade (including change in risk)			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
5.12	Corporate Workstream to enhance the capacity and capability of the workforce	Inability to implement may limit our success in the future	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Clear outcome agreed by EMT and Board. Project Boards established 	<u>Internal</u> <ul style="list-style-type: none"> Workforce committee report <u>External</u> <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer	Workforce Committee
5.13	Organisational Training & Development: Enhance clinical, managerial and customer care programmes to respond to the business needs of an NHS Foundation Trust.	Staff do not have the business acumen skills to deliver the strategic plan.	2	4	Moderate risk ↕	<ul style="list-style-type: none"> There is a Workforce Committee strategy/improvement plan approved by the Board. plan to set out the key objectives which will be presented to the Board. Workforce Management system 	<u>Internal</u> <ul style="list-style-type: none"> Workforce CtteRisk register <u>External</u> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly OD Strategy annual review 	-	no	n/a	A Stringer	Workforce Committee
5.14	Our Teaching Clinical Education – Trust aims to be a leader in the field of delivering quality education.	Inadequate clinical education standards Reduced reputation and recruitment 'attractiveness' to trainee medical staff who choose us less, exacerbating recruitment gap	2	4	Moderate risk ↕	<ul style="list-style-type: none"> Clinical led education boards for medical/nursing Education Committee 	<u>Internal</u> <ul style="list-style-type: none"> Education Board <u>External</u> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	<ul style="list-style-type: none"> Deanery Reports IA 16/17 – Assurance Audit of education training income – substantial assurance 	no	n/a	A Stringer	Workforce Committee
5.15	National Pay Negotiations	Detrimental affect on staff availability to provide on-call services.	2	4	Moderate Risk ↕	<ul style="list-style-type: none"> Participation in national review of on-call arrangements 	<u>Internal</u> <ul style="list-style-type: none"> Local agreement implemented <u>External</u> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer/ R. Barton	Workforce Committee
6.0 STRATEGIC OBJECTIVE: Develop an internationally recognised brand and build strong local and national relationships													
6.1	Brand & Reputation Build a brand which is well respected within the North East, nationally and wherever possible internationally	<u>Manage the reputation of the Organisation</u> To ensure the organisation is positioned at the heart of the local community alongside being nationally and internationally renowned for quality of care and innovation within the NHS.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Objectives approved by the Trust Board and monitored with within CEMS (however no longer a Trust sub-committee) Media performance measured monthly and reported to CEMS quarterly. Reputation risk register managed closely to manage risks. 	<u>Internal</u> <ul style="list-style-type: none"> CEMS. <u>External</u> <ul style="list-style-type: none"> Media Monitoring report. Public perception research. Internal Audit 	<ul style="list-style-type: none"> ¼ CEMS updates to TB 	<ul style="list-style-type: none"> IA 15/16 – Communications – significant assurance 	no	n/a	C Riley	Strategy Committee
6.2	Market Led Strategy To grow market share	<u>Market share of core business declines</u> Opportunities to grow market are not maximised.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Monthly market share analysis acts as an early warning system and reported to EMT Market analysis tool commissioned and analysis informs Trust activity. Market share position used to frame communication and engagement activity with GP's and the public 	<u>Internal</u> <ul style="list-style-type: none"> Business Development Sub Committee. CEM Committee. EMT <u>External</u> <ul style="list-style-type: none"> n/a 	<ul style="list-style-type: none"> ¼ CEMS updates to TB 	-	no	n/a	C Riley	Strategy Committee

Ref	Principal Objective	Principal Risks:	Grade <i>(including change in risk)</i>			Existing Key Controls	Possible Sources of Assurance	Assurances Received		Gaps in control/assurance and description of mitigating actions	Completion Date for Actions	Responsible Director (s)	Responsible Committee
			LH	Cons	Rating			Internal	External				
6.3	Membership Continue to grow our membership and comply with terms of authorisation.	Growth of Membership Membership of our Foundation Trust does not meet best practice standards	3	4	Moderate risk 	<ul style="list-style-type: none"> Membership strategy agreed by the Governors Body and Board of Directors. Implemented by the Membership Committee. 	Internal <ul style="list-style-type: none"> Membership committee External <ul style="list-style-type: none"> Monitor assessment at quarterly intervals 	<ul style="list-style-type: none"> Quarterly reports to the Governors Body and findings included in the quarterly declaration to NHSi 	-	no	n/a	C Riley	Strategy Committee

Key:

Risk Rating Key/Source (RMP03 - Policy for the Reporting and Management of Incidents)

Key to Risk Assessment	Consequence				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic/Tragic 5
1 Rare	Very low risk (green)	Very low risk (green)	Low risk (yellow)	Moderate risk (orange)	Moderate risk (orange)
2 Unlikely	Very low risk (green)	Very low risk (green)	Low risk (yellow)	Moderate risk (orange)	Moderate risk (orange)
3 Possible	Very low risk (green)	Low risk (yellow)	Low risk (yellow)	Moderate risk (orange)	High risk (brown)
4 Likely	Very low risk (green)	Low risk (yellow)	Moderate risk (orange)	High risk (brown)	Very high risk (red)
5 Certain/Almost certain	Very low risk (green)	Low risk (yellow)	Moderate risk (orange)	Very high risk (red)	Very risk (red)

Changes to Risk Ratings:



No change in risk rating from previous version of assurance framework



Risk rating has been downgraded from previous version of assurance framework



Risk rating has been increased from previous version of assurance framework

Lead officers have been asked to confirm the accuracy of each of the risks identified within the Assurance Framework, any changes to the content of the assurance framework have been identified in red.