

Report to the Board of Directors

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Title of Report	Board Assurance Framework 2016/17 (v5.2)
Author	Neil Gibson, Head of Quality and Assurance
Executive Lead	Birju Bartoli, Deputy Chief Executive/Executive Director of Performance and Governance
Responsible sub-committee	N/A
Date of meeting	27 th April 2017
Executive Summary	<p>The Trusts Assurance Framework 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.</p> <p>The Assurance Framework was reviewed in conjunction with the Trust combined risk register at Assurance Committee on the 18th April, there were no risks identified for inclusion in the Assurance Framework however an emerging risk regarding the GMC National Training Survey was identified, although at present this will remain a moderate risk.</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 2016/17

Report to Board of Directors, Thursday 27th April 2017

1. Introduction

The system for assurance of the delivery of the Trust's strategic objectives is by the Assurance Framework (AF). 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 Monitor.

This report needs to be considered in conjunction with the monthly Board of Directors Safety & Quality Compliance Report and the latest report to be reported to the board was April 2017.

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

NHSI's *Single Oversight Framework* became operational from 1st October, 2016. Performance against the previous (Monitor) Risk Assessment Framework for Q1 and Q2 is given in Appendix A.

	Pre - SOF	Q3	Q4
	Segment 1	Actual	Forecast

Performance and quality metrics

Performance				
Operational performance metrics (5 acute; 5 mental health) (see note 1)			8 standards met	7 standards met***
Quality of care (safe, effective, caring, responsive) monitoring metrics	See quarterly Excellence in Safety & Quality report			

Care Quality Commission

Care Quality Commission				
	Quarter			
	1	2	3	4
Overall Trust Rating	Outstanding	Outstanding	Outstanding	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	Fully met	Fully met	
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Other factors

Material risks	No	No	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

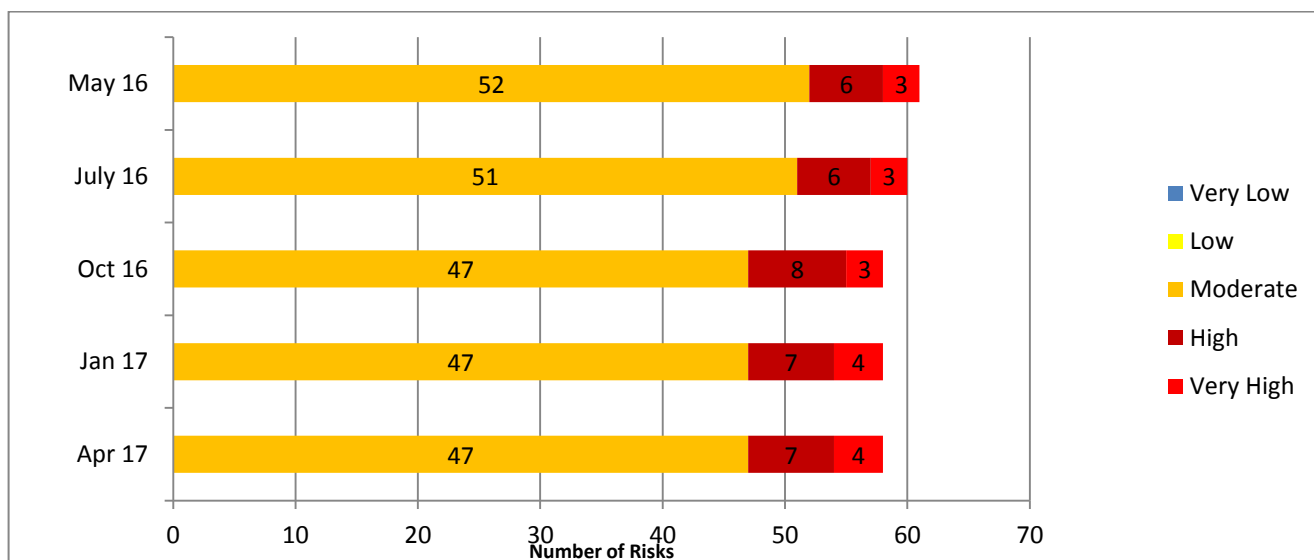
- Five acute standards with monthly frequency: A&E four hour wait; 18 weeks RTT incomplete pathways; Cancer 62 day waits (2 standards); and 6 week wait for diagnostic procedures. Two mental health standards with monthly frequency: Data quality metrics for Mental Health Services Data Set submissions to 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 Trust's Assurance Framework for 16/17, based on the strategic objectives is enclosed. A full version of the Assurance Framework document and process is available at the Audit Committee (AC) meeting and also on the following link <X:\Audit Committee\Assurance Framework\2016-17 Assurance Framework>

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. Nominated lead officers have each confirmed the accuracy of the latest update to 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 2016/17 Assurance Framework in January 2017, there have been no further risks added or removed from the Assurance Framework.

A summary of the current very high/high risks is shown below. Each of our high risks has a supporting performance improvement plan approved by the Board of Directors via the appropriate sub-committee.

Very High Risks

Ref 2.1 NHSI Single Oversight Framework

- A&E 4 hour target - Quarter 4 performance was 92%, which is outside of the national A&E 4 hour wait target of 95% (and the Trust standard of 98%). In addition, performance was not in line with the Trusts improvement trajectory for STF monies for January and February, although March performance was 95% as planned.
- Hospital acquired Clostridium difficile - the cumulative position is no more than 30 cases for the year 16/17, quarter 4 cumulative actual outturn was 24 against a trajectory of 30.
- Cancer: GP referral to treatment – the 85% target for 62 day GP referrals remains challenging. Q3 was met for quarter 3 (once all treatment including those shared with other Trusts were incorporated). Provisional Q4 performance is 84%, with January performance at 87%, February performance 81% and provisional March performance of 83%. 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.

- National screening service referral (Bowel cancer screening), provisional performance for quarter 4 is 69% against a target of 90%.

Ref 2.17 CQC Regulation 18: Staffing

There are a number of staffing issues which are contributing to this being a very high 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.

Ref 4.1 – 4.3: Overall Healthcare Funding

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 with North Tyneside CCG forecasting an affordability gap of c£40m by the end of 2015-16, 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.

The Trust was approved to move to completion of a final business case at the end of January. Submission of this case will take place on the 25th April. It should be noted full board statements and governor approval will not take place till the end of May/early June with the ACO contract likely to be signed from 1st July.

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.

Ref 2.5: Quality and financial incentives

- Surgical Site Infections - The reduction in SSI (Orthopaedic) has been a key priority since 2012/13 and remains so for 2016/17. In the year to February 2017, 27 deep infections have been reported (8 knee and 9 hip and 10 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 16/17. In 2016/17, there have been 4 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 2.8 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 2.14 Regulation 15: Premises and Equipment

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.

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.

Emerging Risks

The Trustwide risk register was reviewed at the Assurance Committee meeting on the 18th April 2017 and the following emerging risk was identified:

Ref 5:13 Our Teaching Clinical Education: GMC National Training Survey – specifically F2 training where the Trust has been an outlier regarding clinical workload in the emergency department for the previous 5 years. Should the latest survey continue to identify the Trust as an outlier into the 6th year, the GMC will undertake more frequent monitoring of the actions the Trust is taking to address this issue. It may also be highlighted as an outlier with the CQC. Remains moderate risk at present however may be escalated to high risk following receipt of GMC training survey report. Suggested proactive approach with the deanery outlining actions that are being taken (NSECH streaming work) and likely impact this will have on ED F2 workload, with suggested re-survey undertaken internally once new system is implemented.

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 2016/17 and beyond.

5. Recommendation

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

- Approve the 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

April 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
			LH	Cons	Rating			Internal	External			
1 STRATEGIC OBJECTIVE: To ensure that Quality underpins every decision												
1.1	<p>Accountable Care Organisation Delivery of an ACO as part of Northumberland PACS vanguard 5 year forward view process.</p> <p>Development of ACO concept and approval of business case.</p>	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 	<p><u>Internal</u></p> <ul style="list-style-type: none"> TB reports from programme board <p><u>External</u></p>	<ul style="list-style-type: none"> Programme Board report to TB - monthly 	-	no	n/a	B Bartoli/P. Dunn/ A. Wright
1.2	<p>Acute Care Collaboration/Commercial Development 5 year forward view to develop 'chain' model of working (including provision of some services for NCUH).</p> <p>Sharing best practice across the wider NHS.</p>	<p><u>Benefits realisation</u> The ACC/subsidiary companies do not deliver intended clinical and financial benefits.</p>	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Subsidiary companies established with individual boards 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Subsidiary reporting to TB <p><u>External</u></p>	<ul style="list-style-type: none"> Key issues reports from Trust subsidiary companies – NPC and NHFML 	-	no	n/a	B Bartoli/P. Dunn/ A. Wright
1.3	<p>New specialist emergency care centre/hospital site and community service reconfiguration That the new model of care introduced with the opening of NSECH.</p> <p>Reconfiguration of non-NSECH sites/community services to support moving from hospital to community based services.</p>	<p><u>Model of Care</u> Potential risks involve activity, income and workforce issues.</p>	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Financial/budgetary control Monitoring of activity levels Workforce monitoring including staff feedback 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Trust Board Finance, Performance and Investment Committee <p><u>External</u></p> <ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Finance/activity reporting to FiP Corporate finance report – TB monthly Regulatory Performance Report – TB Monthly FiP key highlights report to TB – monthly from October 15 	-	no	n/a	B Bartoli/P. Dunn/ A. Wright
1.4	<p>Quality Outcomes: 'Northumbria Way' quality strategy. Focus on key pathways/processes for frail elderly, preventing readmissions, critical care and developing a range of quality outcomes</p> <p>Use lean methodology to work smarter</p>	<p>Measurement We have no system for measuring clinical outcomes.</p> <p>Specialities do not deliver world class outcomes</p>	3	4	Moderate Risk ↕	<ul style="list-style-type: none"> Quality Laboratory Well Organised Ward rollout completed at WGH, Alnwick, Berwick and next phase of rollout for NTGH is underway Quality panels commenced in July 13. With, upto 30 services assessed each year by three panels. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Clinical Policy Group Business Unit Quarterly Performance Report Quality Panel minutes <p><u>External</u> DoH report</p>	<ul style="list-style-type: none"> Quality Account Excellence in Safety and Quality Report – TB Quarterly 	<ul style="list-style-type: none"> Deloitte 2016 Well led Review 	no	n/a	A Stringer/A Lavery
2 CORPORATE OBJECTIVE: To provide the safest health and care services to patients and service users												

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
			LH	Cons	Rating			Internal	External			
2.1	Quality Complying with NHSI Single Oversight Framework	<u>NHSI Single Oversight Framework</u> 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 	<u>Internal</u> <ul style="list-style-type: none"> Annual Governance Framework <u>External</u> <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 Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> KPMG Quality Account/Annual report review 2016 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
2.2	Quality Serious incidents, complaints and clinical audit outcomes are used to learn and improve healthcare.	<u>Systemic Failure</u> Serious failures from incidents, complains, 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 	<u>Internal</u> <ul style="list-style-type: none"> Monthly TB reports <u>External</u> <ul style="list-style-type: none"> Monitor assessment at quarterly intervals Internal Audit 	<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 	<ul style="list-style-type: none"> IA 15/16 – Complaints – significant assurance IA 15/16 Clinical Audit – significant assurance IA 16/17 – Medical Gases – good assurance IA 16/17 – Policy Management – substantial assurance 	no	n/a	B Bartoli/ J Rushmer
2.3	Quality Ensuring that our safety and quality priorities focus on our key risks and are effective <u>Save lives and reduce harm</u> Trustwide plans reduction in complication rate; reduction in falls and reduction in hospital acquired pressure ulcers.	<u>Save lives and reduce harm</u> Increase in mortality/harm	4	4	High Risk ↕	<ul style="list-style-type: none"> Sepsis Bundle Falls and pressure ulcer reduction plans WHO checklist audit 	<u>Internal</u> <ul style="list-style-type: none"> Quality and Safety report <u>External</u> <ul style="list-style-type: none"> CHKS CQC SHMI 	<ul style="list-style-type: none"> Excellence in Safety and Quality Report – TB Quarterly Regulatory Performance Report – TB Monthly 	-	no	n/a	J Rushmer
2.4	Quality Ensuring that our safety and quality priorities focus on our key risks and are effective <u>Enhance our safety culture and capacity</u> key actions include: Exec Director safety walk-rounds covering all teams over 3 years; enhance handover through adoption of SBAR; embed Human Factors in clinical teams; best practice training on IHI methodology; enhance learning of serious incidents.	<u>Enhance our safety culture and capacity</u> Safety culture is not open and transparent.	3	4	Moderate risk ↕	<ul style="list-style-type: none"> Annual Plan 	<u>Internal</u> <ul style="list-style-type: none"> Annual Plan Quality Account <u>External</u> <ul style="list-style-type: none"> National staff survey Independent Assessment of Quality Account Internal Audit 	<ul style="list-style-type: none"> Quality Account Governors Body Regulatory Performance Report – TB Monthly Exec walkabout report to TB monthly 	<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 	no	n/a	B Bartoli

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
			LH	Cons	Rating			Internal	External			
2.5	Legally Binding Contract Quality Markers	<p>Quality and financial incentives: Failure to achieve the targets set, resulting in financial underperformance and possibly reputational damage:</p> <ul style="list-style-type: none"> Safety and Quality priorities CQUIN National Priorities Never Events No payments Best practice tariff 	4	4	High risk ↕	<ul style="list-style-type: none"> Plans approved by EMT and CPG Monthly monitoring through safety and quality report 	<p><u>Internal</u></p> <ul style="list-style-type: none"> FIP minutes Performance Report <p><u>External</u></p> <ul style="list-style-type: none"> North of Tyne commissioner quality reviews and quality payments. Internal Audit 	<ul style="list-style-type: none"> Corporate Financial compliance and financial strategy report – TB quarterly Regulatory Performance Report – TB Monthly Excellence in Safety and Quality Report – TB Quarterly Report on serious incidents, complaints and claims monthly 	-	no	n/a	B Bartoli
2.6	Monitor Quality Governance Ensuring on-going compliance with Health and Social Care Act 2008 Regulations 2014.	<p><u>Regulation 5: Fit and Proper Persons: Directors:</u> The risk concerns those people with director level responsibility for the quality of care and treatment not meeting the fit and proper persons requirements.</p>	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 ¼ PCA update/report to assurance cte <p><u>External</u></p> <ul style="list-style-type: none"> CQC inspections 	<ul style="list-style-type: none"> Regulatory Performance Report – TB Monthly HR/OD Development Report – TB Quarterly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	A. Stringer
2.7	Monitor Quality Governance Ensuring on-going compliance with Health and Social Care Act 2008 Regulations 2014.	<p><u>Regulation 6: Requirements where the service provider is a body other than a partnership:</u> The risk concerns ensuring that the Trust is represented by an appropriate person nominated by the Trust (the 'nominated individual').</p>	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Nominated individual designated as Chief Executive Validation undertaken as part of 2010 CQC registration Fit and Proper person checks, covered under Regulation 5, continue to provide assurance of compliance with requirements. 	<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"> Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	B Bartoli
2.8	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<p><u>Regulation 9: Person-centred care:</u> The risk concerns ensuring that people who use the service have care/treatment which is personalised specifically for them.</p>	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 <p><u>External</u></p> <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> Regulatory Performance Report – TB Monthly 15 steps monthly report to SQC Chief Matrons nursing ward assurance report to TB 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	D Reape/A Wright/ D Lally
2.9	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<p><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.</p>	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"> Regulatory 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

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
			LH	Cons	Rating			Internal	External			
2.10	Monitor Quality Governance 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. 	<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"> Regulatory 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
2.11	Monitor Quality Governance 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 	<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"> Regulatory 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 	<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. 	June 2017	D Reape/A Wright/D Lally/S Bannister
2.12	Monitor Quality Governance 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 	<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"> Regulatory 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
2.13	Monitor Quality Governance 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"> Regulatory 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, spilt opinion Governance: reasonable assurance, Operational: Good assurance 	no	n/a	D Reape

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
			LH	Cons	Rating			Internal	External			
2.14	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	Regulation 15: Premises and Equipment: 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 	Internal <ul style="list-style-type: none"> Quality and Safety report – monthly External <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> Regulatory 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 – substantial assurance IA 15/16 – Decontamination of Medical Devices – significant assurance 	<ul style="list-style-type: none"> The CSSD function and capacity at both NTGH and WGH is struggling to meet demand with aging equipment. A business case is being developed to address the issues with initial option estimates ranging from circa £1 million to £10 million. 	December 2019	D Reape/S Bannister /A Wright
2.15	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	Regulation 16: Receiving and acting on complaints: 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. 	Internal <ul style="list-style-type: none"> Quality and Safety report – monthly External <ul style="list-style-type: none"> Care Quality Commission 	<ul style="list-style-type: none"> Regulatory 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 	no	n/a	B Bartoli
2.16	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	Regulation 17: Good Governance: 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. 	Internal <ul style="list-style-type: none"> Quality and Safety report – monthly External <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> Regulatory Performance Report – TB Monthly Safety and Quality regulatory report – TB Quarterly HR/OD Development Report – TB Quarterly 	<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 15/16 Clinical Audit – significant assurance 	no	n/a	B Bartoli/M Thomas/ J Rushmer /A Wright/A Stringer/A Lavery/C Riley
2.17	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	Regulation 18: Staffing: 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.	4	5	Very 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 Worked Nos report on nursing written by Deputy Director of Nursing External <ul style="list-style-type: none"> Care Quality Commission Internal Audit 	<ul style="list-style-type: none"> Regulatory 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 	no	n/a	D Reape/A Wright/D Lally/ A Stringer

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			LH	Cons	Rating			Internal	External			
2.18	Monitor Quality Governance 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"> Regulatory 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
2.19	Monitor Quality Governance 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"> Regulatory Performance Report – TB Monthly Report on serious incidents, complaints and claims monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	D Reape/A Wright/D Lally/ B Bartoli
2.20	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission Fundamental standards.	<u>Regulation 20A: Requirement to display performance assessments:</u> The risk concerns ensuring that the Trust displays the CQC performance assessment. <i>Note: Performance assessments are received following a CQC assessment which the Trust has not yet received.</i>	1	5	Moderate risk ↕	<ul style="list-style-type: none"> Designated Trust lead for this standard <p>NB: Assessment will be applicable following the receipt of the CQC inspection rating, until that time this regulation is not relevant to the Trust.</p>	<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"> Regulatory Performance Report – TB Monthly 	-	no	n/a	C. Riley
2.21	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission (Registration) Regulations 2009	<u>Regulation 12: Statement of Purpose:</u> The risk concerns ensuring that the Trust has produced and sent to the CQC a clear statement of purpose.	1	4	Moderate risk ↕	<ul style="list-style-type: none"> Statement of Purpose maintained by Head of Quality and Assurance ¼ Governance declarations highlight changes to services and registered locations 	<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"> Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	B Bartoli
2.22	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission (Registration) Regulations 2009	<u>Regulation 15: Notification - notice of changes:</u> The risk concerns ensuring that the CQC is notified of changes to the registered details of the Trust, including change of address, change of director or nominated individual.	1	4	Moderate Risk ↕	<ul style="list-style-type: none"> Monthly monitoring of any changes 	<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"> Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	B Bartoli

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			LH	Cons	Rating			Internal	External			
2.23	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission (Registration) Regulations 2009	<u>Regulation 17: Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983:</u> The risk concerns ensuring that such incidents are reported to the CQC without delay.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Monitoring and notifications undertaken by MHA team 	<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"> Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> IA 16/17 – CQC – substantial assurance 	no	n/a	R Curless/D Reape
2.24	Monitor Quality Governance Ensuring on-going compliance with Care Quality Commission (Registration) Regulations 2009	<u>Regulation 19: Fees:</u> The risk concerns ensuring that timely and accurate information regarding costs of care and treatment are provided to people who use services where they are paying part of all of the cost of their care/treatment.	2	5	Moderate risk ↕	<ul style="list-style-type: none"> Finance systems and private patient guidance 	<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"> IA 16/17 – CQC – substantial assurance 	no	n/a	P Dunn
2.25	Monitor Quality Governance 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"> Regulatory Performance Report – TB Monthly 	<ul style="list-style-type: none"> 9/9 services inspected and rated as 'Good', 	no	n/a	D Lally
2.26	Service Performance The Board has robust and reliable plans to adhere to the requirements of the NHS Constitution	<u>NHS Constitution</u> The Trust fails to comply with rights and pledges of the NHS constitution.	3	4	Moderate Risk ↕	<ul style="list-style-type: none"> Complaints system to identify breaches. 	<p><u>Internal</u></p> <ul style="list-style-type: none"> Q&S report <p><u>External</u></p> <ul style="list-style-type: none"> Patient views Internal Audit 	<ul style="list-style-type: none"> Regulatory Performance Report – TB Monthly 	-	no	n/a	A Wright
2.27	Service Performance The Trust meets Information Governance standard level 2 as a minimum.	<u>Information Governance</u> 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 	<p><u>Internal</u></p> <ul style="list-style-type: none"> IM&T minutes/reports to TB Information governance sub-committee report and minutes to IM&T Comm <p><u>External</u></p> <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 – Information Governance toolkit – significant assurance 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 	no	n/a	M Thomas

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			LH	Cons	Rating			Internal	External			
2.28	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 16 IA 15/16 Healthcare /non-healthcare agreements – significant assurance 	no	n/a	M Thomas
2.29	Membership Continue to grow our membership and comply with Monitors 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 Monitor 	-	no	n/a	C Riley
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 Integrated care plan progress – July 14 	<ul style="list-style-type: none"> Annual patient survey 	no	n/a	A Lavery
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"> Regulatory Performance Report – TB Monthly Monthly 15 steps report to SQC Excellence in Safety and Quality Report – TB Quarterly 	-	no	n/a	B Bartoli
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
			LH	Cons	Rating			Internal	External			
4.1	Overall healthcare funding (including underachievement of cost reduction targets)	<p>Maintain a Monitor Risk rating of 4.</p> <p>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 Cttee 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 Healthcare /non-healthcare agreements – 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 – TaER – 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 	no	n/a	P Dunn
4.2	As above	<p><u>National Tariff changes and Readmissions</u></p> <p>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 15/16 Healthcare /non-healthcare agreements – significant assurance 	no	n/a	P Dunn/B Bartoli
4.3	as above	<p><u>Commissioning Intentions</u></p> <p>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 15/16 Healthcare /non-healthcare agreements – significant assurance 	no	n/a	P Dunn/B Bartoli

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			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 – TaER – 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 	no	n/a	P Dunn
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 15/16 Healthcare /non-healthcare agreements – significant 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
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
4.7	as above	<p><u>To operate a strong working capital performance:</u> Non payment of debt by commissioners. Poor budgetary control.</p>	2	4	Moderate risk ↕	<ul style="list-style-type: none"> 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 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
5.0	STRATEGIC OBJECTIVE: Attract, retain, support and train the best staff											

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
			LH	Cons	Rating			Internal	External			
5.1	Information and technology Clinical and Business needs are at the centre of our IM&T service delivery – Electronic Integrated Health Record	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 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
5.2	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
5.3	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
5.4	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
5.5	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

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
			LH	Cons	Rating			Internal	External			
5.6	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
5.7	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
5.8	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
5.9	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
5.10	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
5.11	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
5.12	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 CtteeRisk 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
5.13	Our Teaching Clinical Education – Trust aims to be a leader in the field of delivering quality education.	Inadequate clinical education standards	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"> HR/OD Report – TB Quarterly 	<ul style="list-style-type: none"> Deanery Reports 	no	n/a	A Stringer
5.14	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"> HR/OD Report – TB Quarterly 	-	no	n/a	A Stringer/ R. Barton
6.0	STRATEGIC OBJECTIVE: Develop an internationally recognised brand and build strong local and national relationships											

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
			LH	Cons	Rating			Internal	External			
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. 	Internal <ul style="list-style-type: none"> CEMS. External <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
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 	Internal <ul style="list-style-type: none"> Business Development Sub Committee. CEM Committee. EMT External n/a	<ul style="list-style-type: none"> ¼ CEMS updates to TB 	-	no	n/a	C Riley

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.