



Position Paper in respect of the future management of the former Controls Assurance Standards

Introduction

On 30 March 2018, the Permanent Secretary and HSC Chief Executive, Mr Pengelly, wrote to HSC Trusts in respect of the review of Controls Assurance Standards. He reminded Trusts that he had written to all organisations in August 2017 setting out the rationale for ceasing Controls Assurance Standards wef 1 April 2018 with a view to providing a more comprehensive and proportionate assurance to the Department.

In the interim period, Departmental Policy Leads have been engaging with their counterparts in the Arm's Length Bodies (ALB's) to ensure that suitable and proportionate assurance arrangements are in place for each of the standards from 1 April 2018.

Governance Leads in the ALBs were also kept informed throughout this process. With effect from April 2018, ALBs are required to provide proportionate assurance to relevant policy leads in the Department. Where applicable, assurance will be provided in mid-year assurance/governance statements. The formal accountability process remains the vehicle for highlighting any exception issues.

This approach does not preclude the Chief Executive as Accounting Officer, putting in place whatever arrangements he/she deems necessary in their organisation to provide them with assurance.

Outcome of the Controls Assurance Programme as at 31 March 2018

The Trust formerly had in place a robust model for the management of Controls Assurance up to 31 March 2018. At that date 21 out of the 22 standards had achieved substantive compliance with Medical Devices & Equipment Management meeting moderate compliance (mainly attributed to the lack of a Medical Devices Manager in post – this person was appointed wef 1 October 2018).

Members of the Controls Assurance Project Team have actively engaged with DoH Policy Leads during the past few months to develop alternative arrangements for the management of the former standards. The Project Team remained in place, chaired by the Director of Human Resources & Corporate Affairs, supported by the Assistant Director, Risk Management & Governance as the Project Manager.

Project Team members expressed their disappointment that the Controls Assurance Programme ceased on 31 March 2018 and all were in favour of a replacement model to maintain the excellent work that had been achieved to that date.

Transition arrangements and alternative model for the Organisational Controls Standards issued by DoH on 30 March 2018

The former Controls Assurance Project Team met on 6 September 2018. At that meeting there was unanimous agreement to keep the project operational and the main focus on the day was to discuss the paper issued by the DoH (Update Report on the Review of the Controls Assurance Standards as at March 2018). This detailed the new arrangements for the former 22 standards wef 1 April 2018.

The outcome of this discussion is detailed in Appendix 1 which details the former standards together with the proposed new arrangements (at that time the arrangements for some standards had not been finalised). However, the list has been updated as and when changes are identified.

A lengthy discussion also took place at this meeting in relation to the DoH communication. Again there was unanimous agreement to keep the Project Team operational. The team agreed to change their name from the Controls Assurance Project Team to the Organisational Controls Assurance Group (OCAG). It also agreed to use the principles/processes formerly used by the Controls Assurance Project Team as they were considered robust. A summary of these is listed below.

Arrangements for management of OCAG wef September 2018

Area	Agreement
Baseline Assessments	<p>Agreed to use the new evidence lists issued post April 2018 and for those standards where none had been developed to use the 2017/18 evidence list.</p> <p>It should be noted that whilst the new evidence lists were similar to the previous evidence lists used the important thing to note was there was no scoring mechanism (except for Emergency Planning and Medicines Management).</p> <p>The OCAG agreed to follow a RAG model for the evidence lists on the basis that to develop a scoring model was nugatory work as it was unlikely to be agreed regionally.</p> <p>Baseline assessments would be undertaken once per year (previously twice per year November and January) to support signing of the Governance Statement.</p>
Action Plans	<p>All standards would document any shortfalls in their evidence list on an agreed action plan template (copy attached – Appendix 2).</p> <p>An update on action plans will be sought in September each year to support the final sign-off of the Mid-Year Assurance Statement.</p>

Area	Agreement
Supporting Evidence	All OCAG identified leads would maintain their supporting evidence in either paper or electronic copy (majority have moved to electronic evidence folders) to support the audit programme.
Project Arrangements	<p>The project management arrangements remain as per the previous programme and are detailed below.</p> <p>Project Director: Director of HR & CA.</p> <p>Project Manager: Assistant Director, RM & Governance.</p> <p>Project Team: Comprises relevant Assistant Directors, Senior Managers and Service Leads who complete the baseline assessment documentation.</p> <p>Reporting lines in the Governance Infrastructure: OCAG report to the Corporate Control Committee with regular updates provided at each meeting and also to the Governance Assurance Committee (see Appendix 3).</p>
Assurance Statements	In order to ensure that the new model remains as robust as the former Controls Assurance Programme, a new Assurance Statement has been developed which provides for the Lead Director to sign-off his/her standard/s prior to review by Internal Audit and provision of a written statement in the Governance Statement (draft statement attached – see Appendix 4).
Escalation of issues to Directorate & Corporate Risk Registers	It was agreed that the former arrangements for escalating items to DRRs and CRRs worked well and should remain in operation.
Internal Audit Programme	<p>In previous years the three core standards (Governance, Risk Management & Finance) were audited every year by Internal Audit. In later years the DoH also selected a number of standards on a 'random basis' for audit purposes. This was also supported by Trust specific audits agreed as part of the Internal Audit work programme.</p> <p>Internal Audit (Jenny McCaw) is a member of the OCAG and has provided very helpful advice and guidance in the past year on the arrangements for the replacement model.</p> <p>For 2018/19, it is likely that the audit will focus on the transition arrangements from the old model and testing of some of the standards in terms of assurance statements, baseline assessment and action plans.</p>

Area	Agreement
Returns to DoH Policy Leads	<p>Six of the twenty two former standards require a return to the relevant DoH Policy Lead – details as listed below:-</p> <ul style="list-style-type: none"> • Food Hygiene (no date identified); • Environmental Cleanliness (no date identified); • Emergency Planning (31/7/19); • Medicines Management (31/7/19); • Information Governance (no date identified); and • Estates standards (no date identified). <p>This is in the form of an assurance statement. Some submission dates have still to be determined but the majority are circa July 2019. However, the OCAG have taken the decision to submit as at 31 March each year. The relevant OCAG member will be responsible for submission of relevant documentation to the DoH with copy to the OCAG Project Manager. The Trust dates must be achieved to ensure that the information is available to inform the Governance Statement.</p>

Conclusion and recommendation

In conclusion, the Trust has continued to use the robust arrangements from the former Controls Assurance Programme and adapted these for use in its OCAG Programme. The main change is in the provision of a documented Assurance Statement which will certainly provide more robust assurances by Directors to inform the Chief Executive's signing of the Governance Statement.

The Project Team recognise that year one is a transitional year and intend to keep the model under regular review and will update as and when required. The first feedback is likely to be from Internal Audit post January 2019.

The Organisational Controls Assurance Group hereby recommends to the Corporate Control Committee the endorsement of this paper which details the transactional arrangements and new model for the management of Organisational Controls. This process will be kept under regular review.

This paper was approved by the OCAG at its meeting on 10 January 2019.

Irene Low
Assistant Director, Risk Management & Governance
Project Manager, OCAG

11 January 2019

Organisational Controls Assurance Group – new models for management of the former Controls Assurance Standards – Master List (updated 10 January 2019)

Former standards that require a Baseline Assessment

No	Area	Lead Director	Assistant Director	Senior Manager	New 2018/19 Evidence List	If no, what will be used	Assurance Statement provided	Scoring included in new evidence list	Comments
1	Medicines Management	Seamus McGoran	David Robinson	Jill Macintyre	Yes	N/A	No	Yes	
2	ICT	Roisin Coulter	Darren Henderson	Jim Kelly	Yes	N/A	No	Yes	
3	Emergency Planning	Myra Weir	Irene Low	Valerie Walker	Yes	N/A	No	Yes	
4	Food Hygiene	Myra Weir	Jeff Thompson	Deborah McNeil	Yes	N/A	Yes	RAG score	
5	Environmental Cleanliness	Myra Weir	Jeff Thompson	Tony O'Hara	Yes	N/A	Yes	RAG score	
6	Information Management	Myra Weir	Irene Low	Lynda McAree	Yes (checklist and guidance)	N/A	No	No	
7	Procurement	Neil Guckian	Peter Wilson	John Barron	No	Work in progress – use 2017/18 CA std	No	No	Intend to develop a circular with examples of assurance
8	Human Resources	Myra Weir	Claire Smyth	Hilary McConnell	No	Use 2017/18 CA std	No	No	HR to try and co-ordinate a scoring mechanism on a regional basis. During 2018/19 – try to align to Workforce Strategy on a regional basis (now completed)
9	Health & Safety	Myra Weir	Irene Low	Valerie Walker	Work in progress	Use 2017/18 CA std	No	No	Work underway by Regional H&S Group – unlikely to be available until post 2019/20
10	Security Management	Myra Weir	Jeff Thompson	Richard Barker	Yes	N/A	No	RAG score	Regional work completed
11	Research Governance	Charlie Martyn	David Hill	Paul Carlin	Work in progress	Use 2017/18 CA std	No	No	Work in progress on a regional basis
12	Environmental, Medical Devices Management & Estate Infrastructure Safety Governance Buildings, Land, Plant & Equipment	Neil Guckian	Timothy Sheehan	Peter Henderson	Work in progress	Use 2017/18 CA std	Yes	No	Estates Working Group set up to review evidence lists for former Estates CA stds

No	Area	Lead Director	Assistant Director	Senior Manager	New 2018/19 Evidence List	If no, what will be used	Assurance Statement provided	Scoring included in new evidence list	Comments
13	Decontamination of Medical Devices	Myra Weir	Jeff Thompson	Yvonne Winchester	Work in progress	Use 2017/18 CA std	Yes	No	Regional Group to review evidence list – meeting in early Jan 2019
14	Environmental Management	Neil Guckian	Timothy Sheehan	Peter Henderson	Work in progress	Use 2017/18 CA std	Yes	No	Will move to ISO std
15	Fire Safety	Neil Guckian	Timothy Sheehan	Peter Henderson	Work in progress	Use 2017/18 CA std	Yes	No	New evidence list to be taken forward regionally - work in progress
16	Fleet & Transport Management	Myra Weir	Jeff Thompson	Richard Walker	Yes	N/A	No	RAG score	Regional Group set up to look at evidence list – work completed
17	Medical Devices & Equipment	Seamus McGoran Neil Guckian	Maggie Parks	Kieran Quinn Brian Mallon	Work in progress	Use 2017/18 CA std	Yes	No	Medical Device Mgrs reviewing previous evidence list on a regional basis – work in progress
18	Waste Management	Myra Weir	Jeff Thompson	Yvonne Winchester Linda Snodden	Yes	N/A	No	RAG	NHSTC taking lead re new evidence list – 1 st meeting date set – regional work completed

Former Standards that no longer require Baseline Assessments

No	Area	Lead Director	Assistant Director	Senior Manager	New 2018/19 Evidence List	If no, what will be used	Assurance Statement provided	Scoring included in new evidence list	Comments
19	Financial Management	Neil Guckian	Brian Grimley	Brian Grimley	N/A	N/A	N/A	N/A	Assurance via Mid-year and End-year assurance statements
20	Governance	Myra Weir	Irene Low	Irene Low	N/A	N/A	N/A	N/A	Use existing governance and accountability tools eg <ul style="list-style-type: none"> • Accountability process and sponsorship function • BGSAT • Assurance Framework • Mid-Year and Governance Statement • Independent Assurance - BSO Internal Audit/RQIA • Management Statement/ Financial Memorandum

No	Area	Lead Director	Assistant Director	Senior Manager	New 2018/19 Evidence List	If no, what will be used	Assurance Statement provided	Scoring included in new evidence list	Comments
21	Infection Prevention & Control	Nicki Patterson	Sharon McRoberts	Isobel King	No	Via Operational and Strategic Groups NICE standards to be used	No	No	Awaiting further guidance ref use of NICE standards from DoH – confirmed use NICE standards
22	Risk Management	Myra Weir	Irene Low	Valerie Walker	N/A	N/A	N/A	N/A	As per Governance Standard above



Organisational Controls Assurance Action Template

Priority Levels	
High Priority	Urgent action required within 3 months to ensure substantive compliance is achieved and/or maintained
Medium Priority	Action required within 6-12 months to ensure substantive compliance is achieved and/or maintained
Low Priority	Action required within 12-18 months to ensure substantive compliance is achieved and/or maintained

Standard

Self Assessor/s

Date Prepared

Date Reviewed

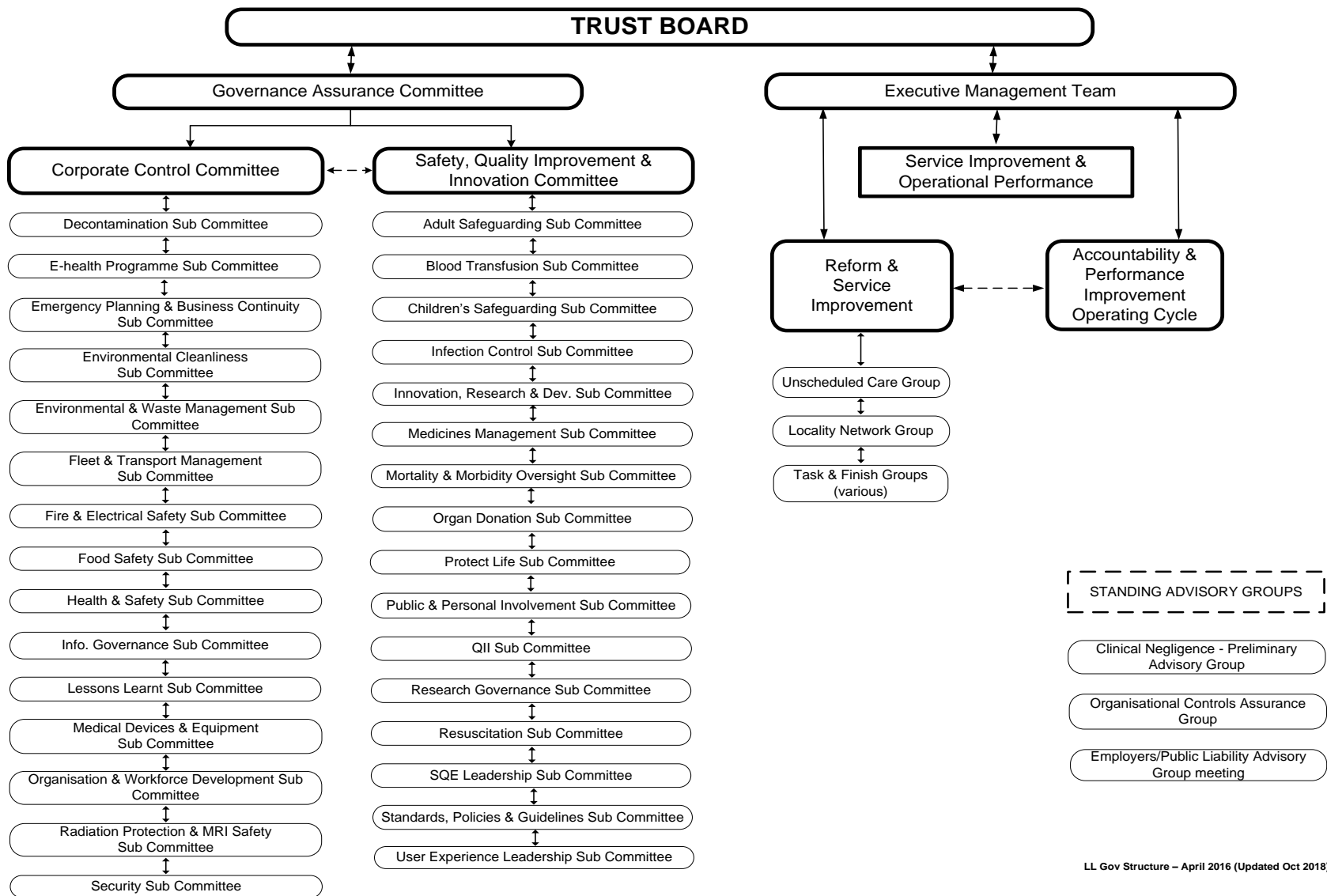
Criteria	Action To Be Taken	Priority	By When	Responsible Officer	Review Date	Outcome of Review

Approved by OCAg Lead [ie, named Assistant Director and/or Senior Manager who is a member of the OCAg Project Team]
 Countersigned by: Lead Director/s:

On Preparation of Action Plan:

On Review of Action Plan:

SOUTH EASTERN HEALTH & SOCIAL CARE TRUST
Lower Level Sub Committee Structure



Organisational Controls Assurance – Assurance Statement

Assurance Statement

*In respect to **[insert name of standard]**¹, I confirm that my organisation has controls in place to enable it to meet the requirements of all extant statutory obligations upon it, that it complies with all standards, policies and strategies set by the Department and all applicable guidance set by other parts of government. Any significant control divergences are reported below together with an outline of action plans in place to address these divergences.*

Supporting Evidence

In support of this assurance statement, I have submitted the following information which is a true and fair reflection of the baseline assessment of the **[insert name of standard]** submitted to the OCAG Project Manager by the due date of **[insert date]**.

- Completed baseline evidence list and/or baseline checklist;
- Completed action plan;

The evidence to support the baseline assessment/checklist is available on request, should it be required for the purposes of Internal audit and/or other purposes.

I can confirm that the above standard is/is not² required to be submitted to the named DoH Policy Lead **[insert name]** by **[insert date]**. I am responsible for this submission and will copy this information to the OCAG Policy Lead, for information.

Approved by OCAG Lead³ [ie, named Assistant Director and/or Senior Manager who is a member of the OCAG Project Team]

Name/s:	
Designation/s:	
Date:	

Authorised by Lead Director/s for the named standard

Name/s:	
Designation/s:	
Date:	

¹ One assurance statement per individual standard

² Strike through is/is not option, if this is not relevant

³ Member of the OCAG Project Team