



Paper No. SET/31/19	
	Tick One ✓
For action	
For discussion	✓
For information/noting	

Date of Trust Board Meeting: 29 May 2019

Confidential or Public Agenda: Public

Agenda item number and title: Report on the Organisational Controls Assurance Programme – 2018/19

1.0 Introduction

This paper provides a summary overview report of the results of the Organisational Controls Assurance Programme for 2018/19 together with an update on the replacement model for the former Controls Assurance Programme which ceased on 31 March 2018.

2.0 Background information

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.

3.0 Organisational Controls Assurance Programme – 2018/19

The former Controls Assurance Project Team met on 6 September 2018 [now known as the Organisational Controls Assurance Group]. At that meeting there was unanimous agreement to keep the former 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). At this meeting,

agreement was reached on the new alternative model. These arrangements are outlined in Appendix 1, for information.

3.1 Results of the Organisational Controls Assurance Programme – 2018/19

Organisational Controls Assurance Standards	Level of Compliance	Assurance required to be submitted to the DoH
Building, Land, Plant and Non-Medical Equipment	Substantive	No
Decontamination of Medical Devices	Substantive	No
Emergency Planning	Substantive	Yes – due date 10/5/19
Environmental Cleanliness	Substantive	Yes – due date 3/5/19
Environmental Management	Substantive	No
Fire Safety	Substantive	No
Fleet & Transport Management	Substantive	No
Food Hygiene	Substantive	Yes – due date 3/5/19
Health & Safety	Substantive	No
Human Resources	Substantive	No
Infection Prevention & Control	Substantive	No
Information, Communication & Technology	Substantive	No
Information Management	Substantive	Yes – due date 24/5/19
Management of Purchasing and Supply	Substantive	No
Medical Devices & Equipment Management	Moderate	No
Medicines Management	Substantive	Yes – due date 31/3/19
Research Governance	Substantive	No
Security Management	Substantive	No
Waste Management	Substantive	No

Unlike the previous programme when all standards had to submit the level of compliance to the DoH, only a small number of standards are now required to submit assurance to the relevant DoH Policy Lead via the Chief Executive's office and these are outlined in the table above. It should be noted that all standards have a documented action plan to address any areas of non-compliance. With regard to Medical Devices (moderate compliance) this was primarily due to a vacant Medical Devices Manager Post which has now been filled wef October 2018. It is hoped that this standard will achieve substantive assurance in due course.

The following standards from the former programme no longer require formal submission of evidence lists, score sheets and action plans. Rather these have been stood down and covered by other existing mechanisms as illustrated below:-

Standards stood down	Replaced by
Financial Management	Via Managing Public Money and NIGEAE; Management Statement & Financial Memorandum; Financial Management framework which encompasses structured monitoring and reporting systems and professional teams with multi-level input from the Department, BSO internal Audit, Audit committees and the NIAO; and Assurance to the Department will be provided through the existing mechanisms described above, including the mid-year assurance statement and Governance Statement. The formal accountability process remains the vehicle for escalation of any exception issues.

Standards stood down	Replaced by
Governance	<p>Existing governance and accountability tools provide the Department with appropriate assurance on governance and risk management namely –</p> <ul style="list-style-type: none"> • Accountability process and sponsorship function; • Board Governance Self-Assessment Tool; • Assurance Framework; • Mid-Year Assurance and Governance Statement; • Independent assurance – BSO Internal Audit/RQIA; and • Management Statement/Financial Memorandum.
Risk Management	<p>Existing governance and accountability tools provide the Department with appropriate assurance on governance and risk management namely –</p> <ul style="list-style-type: none"> • Accountability process and sponsorship function; • Board Governance Self-Assessment Tool; • Assurance Framework; • Mid-Year Assurance and Governance Statement; • Independent assurance – BSO Internal Audit/RQIA; and • Management Statement/Financial Memorandum.

4.0 Recommendation/s for the Trust Board

Trust Board is asked to note, for information, the scores submitted to the Department in respect of the Organisational Controls Assurance Programme for 2018/19 together with the alternative assurance arrangements for organisational control areas previously covered by the Controls Assurance Programme.

Lead Director: Mrs M Weir

Designation: Director of Human Resources & Corporate Affairs

Date: 15 May 2019

Arrangements for management of OCAG wef September 2018 [as agreed by the Organisational Controls Assurance Group (OCAG)]

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	<p>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.</p>
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</p>

	<p>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>
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 identified¹); • 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) [covers x 7 areas - Building, Land and Plant, Decontamination

¹ Note dates subsequently amended and included at Table in 3.1. Note Estates standards confirmed that they do not require assurance statements submitted to DoH (x 7 areas).

of Medical Devices, Environmental Management, Fire Safety, Fleet & Transport Management, Medical Devices & Equipment Management and Waste Management.

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 OACG have taken the decision to submit as at 31 March each year. The relevant OACG member will be responsible for submission of relevant documentation to the DoH with copy to the OACG Project Manager. The Trust dates must be achieved to ensure that the information is available to inform the Governance Statement.



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

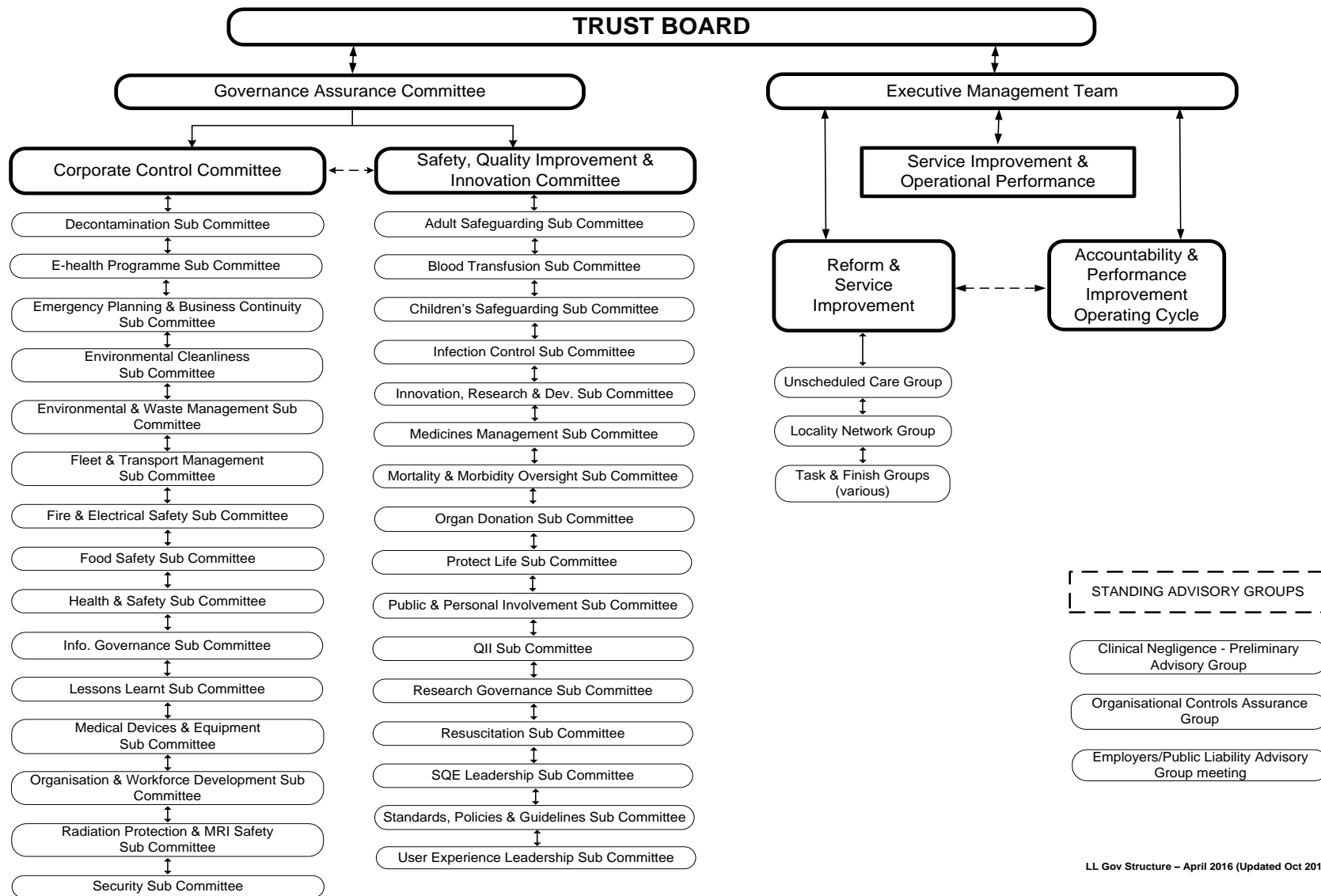
Criteria	Action To Be Taken	Priority	By When	Responsible Officer	Review Date	Outcome of Review

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



LL Gov Structure – April 2016 (Updated Oct 2018)

Organisational Controls Assurance – Assurance Statement

Assurance Statement

*In respect to **[insert name of standard]**², 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 not³ 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 Lead⁴ [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:	

² One assurance statement per individual standard

³ Strike through is/is not option, if this is not relevant

⁴ Member of the OCAG Project Team