

<b>Paper No. SET/58/20</b>	
	<b>Tick One ✓</b>
For action	
For discussion	
For information/noting	✓

**Date of Trust Board Meeting:** 30 September 2020

**Confidential or Public Agenda:** Public

**Agenda item number and title:** Report on the Organisational Controls Assurance Programme – 2019/20

### 1.0 Introduction

This paper provides a summary overview report of the results of the Organisational Controls Assurance Programme for 2019/20.

### 2.0 Background information

The revised arrangements to replace the Controls Assurance Standard have now been in place since 1 April 2018.

ALBs are required to provide proportionate assurance to relevant policy leads in the Department on a number of areas. 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 – 2019/20

The Organisational Controls Assurance Group was established to oversee the process for ensuring requirements were met in the Trust. This group last met on 5 September 2019. At that meeting members received information on the extant list of OCAG standards and provided an update on their respective areas. A follow up meeting had been scheduled for January 2020 but was stood down due to Industrial Action and also on the basis that most areas had returned information required (Evidence List, Score sheet, Action Plan and Assurance Letter) prior to the deadline of 31 January 2020.

### 3.1 Results of the Organisational Controls Assurance Programme – 2019/20

<b>Organisational Controls Assurance Standards</b>	<b>Level of Compliance</b>	<b>Assurance required to be submitted to the DoH</b>
Building, Land, Plant and Non-Medical Equipment	Substantive	No

Decontamination of Medical Devices	Substantive	No
Emergency Planning	Substantive	Yes – but deferred by DoH EP Branch this year due to Covid 19
Environmental Cleanliness	Substantive	Yes
Environmental Management	Substantive	No
Fire Safety	Substantive	No
Fleet & Transport Management	Substantive	No
Food Hygiene	Substantive	Yes
Health & Safety	Substantive	No
Human Resources	Substantive	No
Infection Prevention & Control	Substantive	No
Information, Communication & Technology	Substantive	No
Information Management	Substantive	Yes – requested and due date 18/9/20
Management of Purchasing and Supply	Substantive	No
Medical Devices & Equipment Management	Moderate	No
Medicines Management	Substantive	Yes
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:-

<b>Standards stood down</b>	<b>Replaced by</b>
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.
<b>Standards stood down</b>	<b>Replaced by</b>
Governance	Existing governance and accountability tools provide the Department with appropriate assurance on governance and risk management namely – <ul style="list-style-type: none"> <li>Accountability process and sponsorship function;</li> </ul>

	<ul style="list-style-type: none"> <li>• Board Governance Self-Assessment Tool;</li> <li>• Assurance Framework;</li> <li>• Mid-Year Assurance and Governance Statement;</li> <li>• Independent assurance – BSO Internal Audit/RQIA; and</li> <li>• Management Statement/Financial Memorandum.</li> </ul>
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"> <li>• Accountability process and sponsorship function;</li> <li>• Board Governance Self-Assessment Tool;</li> <li>• Assurance Framework;</li> <li>• Mid-Year Assurance and Governance Statement;</li> <li>• Independent assurance – BSO Internal Audit/RQIA; and</li> <li>• Management Statement/Financial Memorandum.</li> </ul>

#### 4.0 Recommendation/s for the Trust Board

Trust Board is asked to note, for information, the scores which will be submitted to the Department in respect of the Organisational Controls Assurance Programme for 2019/20 upon requests from Policy Leads via the Chief Executive's office.

**Lead Director:** Mrs M Weir

**Designation:** Director of Human Resources & Corporate Affairs

**Date:** 30 September 2020

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

Area	Agreement
<b>Baseline Assessments</b>	<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>
<b>Action Plans</b>	<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
<b>Supporting Evidence</b>	<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>
<b>Project Arrangements</b>	<p>The project management arrangements remain as per the previous programme and are detailed below.</p> <p><b>Project Director:</b> Director of HR &amp; CA.</p> <p><b>Project Manager:</b> Assistant Director, RM &amp; Governance.</p> <p><b>Project Team:</b> Comprises relevant Assistant Directors, Senior Managers and Service Leads who complete the</p>

	<p>baseline assessment documentation.</p> <p><b>Reporting lines in the Governance Infrastructure:</b> 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>
<b>Assurance Statements</b>	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).
<b>Escalation of issues to Directorate &amp; Corporate Risk Registers</b>	It was agreed that the former arrangements for escalating items to DRRs and CRRs worked well and should remain in operation.
<b>Internal Audit Programme</b>	<p>In previous years the three core standards (Governance, Risk Management &amp; 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>
<b>Returns to DoH Policy Leads</b>	<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"> <li>• Food Hygiene (no date identified<sup>1</sup>);</li> <li>• Environmental Cleanliness (no date identified);</li> <li>• Emergency Planning (31/7/19);</li> <li>• Medicines Management (31/7/19);</li> <li>• Information Governance (no date identified); and</li> <li>• Estates standards (no date identified) [covers x 7 areas - Building, Land and Plant, Decontamination</li> </ul>

<sup>1</sup> 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 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.



### Organisational Controls Assurance Action Template

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

Standard

Self Assessor/s

Date Prepared

Date Reviewed

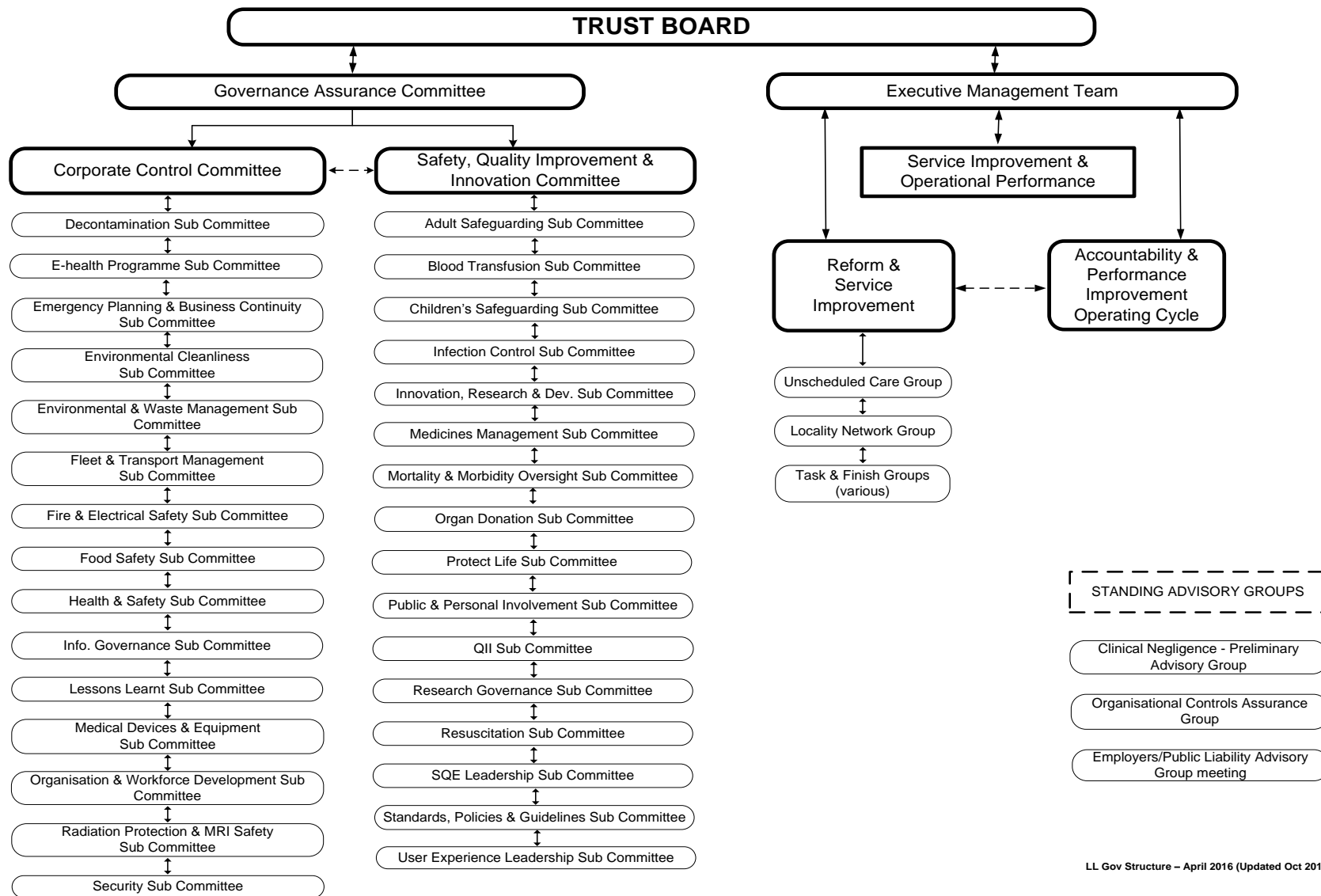
Criteria	Action To Be Taken	Priority	By When	Responsible Officer	Review Date	Outcome of Review

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]**<sup>2</sup>, 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 not<sup>3</sup> 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 Lead<sup>4</sup> [ie, named Assistant Director and/or Senior Manager who is a member of the OCAG Project Team]**

<b>Name/s:</b>	
<b>Designation/s:</b>	
<b>Date:</b>	

### Authorised by Lead Director/s for the named standard

<b>Name/s:</b>	
<b>Designation/s:</b>	
<b>Date:</b>	

<sup>2</sup> One assurance statement per individual standard

<sup>3</sup> Strike through is/is not option, if this is not relevant

<sup>4</sup> Member of the OCAG Project Team