POLICY DOCUMENT

Assurance Framework

Policy Review Schedule

Date first Approved by the Board: 31 March 2005

Last Approved by the Board: November 2016

Date of Next Review: November 2017

Amendment Overview

Version	Date	Pages	Comments	Actioned
2005 – 1.0	31/03/2005		Approved by Board	
2009 – 2.0 (draft)	05/2009		Reviewed in the light of Audit recommendations	
2009 – 2.0 (draft)	18/06/2009		presented to the Board for ratification	
2009 – 2.0	6/08/2009		Re-issued to staff	
2009 – 2.1	02/03/2010		Reviewed to update in relation to the creation of the Risk Management Team	Mark McCarey
2009 – 2.1	11/03/2010		Approved by the Board	
2009 – 2.1	10/2010		Re-issued to staff	
2010 – 3.0	08/04/2011		Annual Review. Inclusion of Risk management KPIs as an Appendix.	Mark McCarey
2010 – 3.1	14/04/2011		Approved by the Board subject to minor amendments, that have now been carried out by MMcC.	Mark McCarey
2011 – 4.0	08/11/2011		Amendments made to show the functions of the Governance Committee, External Audit, and Internal Audit. Corporate Risk Register also added as an Appendix in order to show objectives and principle risks. Approved by the Board subject to minor amendments, that have now been carried out by MMcC.	Mark McCarey
2012 – 5.0	19/11/2012	30	Added Executive summary and questions. Updated to reflect appointment of KG as CE/PGD. Updated the name of the Governance & Risk Committee. Removed the fraud investigation function from the role of the	Mark McCarey

				Internal Auditor overview.	
2013 – 6.0	07/02/2013	29		From G&R Committee: 1.3 – inserted 'Ensure NIMDTA meets its strategic objectives'. 5.3 – Assess the Risks – Centre column removed from risk matrix.	Linda Craig
2013 – 6.1	11/02/13	29		Presented to the Governance & Risk Committee for approval	
2013 – 6.2	20/02/2013	30		From G&R Committee 11/02/13: Cover Page updated with: Version number to reflect review year and Insertion of policy approval pathway. 5.2 – inserted under Professionalism 'Loss of Corporate Memory' Appendix 1 – delete: 'GMC reports – assessment against GMC standards'. Insert: 'NIMDTA's Bi-annual Deanery reports to GMC; GMC feedback on Bi-annual Deanery Reports; GMC visit reports	Linda Craig
2013 – 6.2	28/02/2013	30		Presented to the Board for approval. Approved.	
2013 – 6.3	10/06/2013	32		Updated to include 'The Role of Agency' and NIMDTA mission statement	Linda Craig
2013 – 7.0	20/08/13	31		Periodic refresh. A number of minor amendments made to reflect small changes in process.	Mark McCarey
2013 – 7.1	27/08/2013	31		Presented to G&R Committee for approval. Approved subject to minor changes (see minutes for information)	Linda Craig
2013 – 7.1	6/09/2013	30		Presented to SMT for approval Approved with no changes	
2013 – 7.1	26/09/2013	30		Presented to NIMDTA Board for approval. **Approved.**	
2015 – 8.0	09/02/2015	30		Annual review in preparation for submission to the G&R Committee and NIMDTA Board.	Mark McCarey
2015 – 8.0	24/02/2015	18		Presented to G&R Committee for approval. **Approved** subject to minor change.	
2015 – 8.1	26/02/2015			Presented to NIMDTA Board for approval. **Approved.**	
2016 – 8.2	17/2/16	23		Annual review in preparation for submission to the NIMDTA Board. Amendments are highlighted in yellow.	Mark McCarey
2016 – 8.2	25/2/16	23		Approved by NIMDTA Board subject to minor amendments.	Mark McCarey
2016 – 8.3	18/11/16	23		Revised following the retirement of the Administrative Director	Mark McCarey

| 2016-8.4 | 23/11/2016 | 25 | Reviewed following G&R for Board approval. **Approved** | Mark McCarey |

Contents

Executive Summary

This document sets the context for NIMDTA's risk management processes and procedures. It establishes these as a core business function that underpin our work. It explains the way in which risk is identified and analysed, and then how decisions are made in relation to these outcomes. It clearly identifies the roles and responsibilities of staff, committees, and external stakeholders. It also highlights that further training can be availed of in relation to the application of this work.

This is a key document in the governance of NIMDTA, and all staff should have a knowledge of it that is proportional to their area of work.

Questions that you should be able to answer after reading this policy

- What is the definition of risk?

- What are the different categories of risk?

- What courses of action can be taken to treat a risk once it has been analysed?

- What are my responsibilities in the risk management process?

Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm's Length Body sponsored by the Department of Health, to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the 'Responsible Officer' for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to use the resources provided to it efficiently, effectively and innovatively. NIMDTA's approach to training is that trainees, trainers and educators should put patients first, should strive for excellence and should be strongly supported in their roles.

Policy Impact

Changes to this policy may have an impact or an influence on the following:

- NIMDTA Board's Standing Orders

- Business Continuity Plan

- Complaints Policy

- Fire Safety Policy

- Fraud Policy

- Harassment and Bullying Policy

- Health and Safety Policy

- IT Policy

- Reporting and Management of Incidents Policy

- Security and Premises Management Policy

- Whistleblowing Policy

- Management of Risk Registers Guidance

Policy Influence

- An Assurance Framework: a Practical Guide for Boards of DoH Arm's Length Bodies

1. Introduction

The Northern Ireland Medical and Dental Training Agency is committed to a strategy which minimises risks to all its stakeholders through a comprehensive system of internal controls, whilst maximising potential for flexibility, innovation and best practice in the delivery of its strategic objectives.

NIMDTA recognises that there are risks involved in everything it does and that it has a duty to manage these risks in a balanced, structured and cost effective way. In doing so NIMDTA will better achieve its objectives and enhance the value of the services it provides.

This document sets out NIMDTA's strategy for the identification and management of risk, including the roles and responsibilities of the NIMDTA Board, senior management, members of staff and those acting on behalf of NIMDTA. It also describes the process the Board will use to evaluate the effectiveness of NIMDTA's internal control procedures.

Scope

This document applies to all NIMDTA employees, contractors and those working on behalf of NIMDTA. Risk management is the responsibility of all staff although Heads of Department and senior managers are expected to take an active lead to ensure that risk management is a fundamental part of their operational area.

NIMDTA's Risk Management objectives are to:

- Ensure NIMDTA meets its strategic objectives;
- Create an environment where risk management becomes an integral part of planning, management processes and the general culture of the organisation rather than being viewed or practised as a separate function;
- Achieve better quality decision making that will see a reduction in costs and an increase in the probability of delivering the quality services which NIMDTA is aiming for;
- Work with stakeholders to develop awareness and a common understanding of NIMDTA's expectations on risk management; and
- Minimise possible failure through a thorough knowledge and acceptance of potential impacts of each major decision taken.

To achieve these objectives, NIMDTA will:

Develop a systematic and consistent risk management approach that will:

- Implement effective risk management as a key element of good governance and rigorous performance management;
- Consider risk as an integral part of corporate and business planning and service delivery;
- Encourage considered and responsible risk taking as a legitimate response to opportunity and uncertainty;
- Achieve better outcomes for NIMDTA through a more realistic assessment of the challenges faced, through improved decision-making and targeted risk mitigation and control; and
- Engender, reinforce and replicate good practice in risk management.

The Assurance Framework will be reviewed annually by the Board to take account of changing legislation, government initiatives, best practice and experience gained within NIMDTA.

Mr Keith Gardiner   Alistair Joynes

Chief Executive   Chair

Date: Date:

2. Definition of Risk

Risk is an uncertain event or set of events which, if occur, will have an effect upon the achievement of objectives. Risk is calculated by analysing a combination of the <u>likelihood</u> of a perceived threat and the magnitude of its <u>impact</u> upon objectives.

3. What is Risk Management?

Risk management is the process by which risks are identified and the activities required to control exposure to uncertainty are put in place.

"Risk management is the term applied to a logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organisations to minimise losses and maximize opportunities".

Australia/New Zealand Standard 4360:1999 Risk Management, Standards Australia 1999

Risk management cuts across all areas of NIMDTA's business and must be integral to all activities. The nature of the risk will determine the level of accountability and NIMDTA needs to be able to manage risk at three different levels – strategic, departmental and operational.

Questions that need to be considered in managing risk include:

- What is the risk? (risk identification)
- What will happen to desired outcomes? (risk evaluation – impact)
- How likely is the event to happen? (risk evaluation – likelihood)
- Does the benefit outweigh the risk? (risk/benefit analysis)
- Can we do anything to reduce the risk? (risk reduction)
- Has anything happened which alters the risk? (risk monitoring)
- What plans can we put in place in case the event should happen? (contingency/service continuity planning).
- What insurance can we buy to mitigate the risk, or can we contract out this risk? (risk transfer)
- What financial provisions should we hold for the primary or residual risk? (risk funding)

4. Why do we need to manage risks?

The Government's agenda for 'modernising public services' requires HSC bodies to promote best practice within their organisations. Risk management is an integral part of good business practice.

Corporate governance requires that risk management is embedded into the culture of the organisation. NIMDTA needs to look ahead, be dynamic, respond to change and maximise opportunities. The Senior Management Committee and departmental teams need to review past data, forecast what might happen and predict outcomes. The risks associated with the business need must be managed if outcomes are to be optimised.

The key benefits to NIMDTA of a systematic approach to risk management are: -

- Increased focus on what needs to be done (and not done) to meet objectives;
- More effective targeting of resources;
- Enhanced ability to justify actions taken and reduced risk of mistakes;
- Potential quality improvements in service delivery;
- More satisfied stakeholders and fewer complaints;
- Protection and enhancement of NIMDTA's reputation.

Risk management requires shared awareness and understanding within the organisation of:

- The nature and extent of the risks it faces;
- The extent and categories of risks regarded as acceptable;
- The likelihood and potential impacts of these risks materialising;
- Its ability to reduce the incidence or impact of those risks that do materialise.

Robust risk management requires:

- Regular monitoring and reporting of risk, including early warning mechanisms;
- An appropriate assessment of the cost of operating particular controls relative to the benefit obtained in managing the related risk;
- A review, at least annually, of the effectiveness of the systems of internal control in place.

5. Process for the Management of Risk

5.1   Establish the Context

Risk management should be integral to the planning and achieving of objectives and to being accountable – it is not something that is done 'on top of everything else we have to do'. The linking of risks to NIMDTA's business objectives is inherent in the way NIMDTA plans and manages its business. Corporate objectives are in turn supported by those of the individual departments.

5.2   Identify Risks

Risks should be identified through the risk management arrangements that are in place. Understanding the breadth of risks facing NIMDTA will help identify all the potential risks of delivering the business of NIMDTA.   The risks identified should be those that could significantly impact on the achievement of NIMDTA's overall aims and objectives. To help in ensuring that all potential risks are evaluated the following (overleaf) can be used as a framework of risk categories.

Risk Category	Examples
Financial	• Reduction in funding • Failure to prioritise • Failure to allocate resources effectively • Failure to deliver within budget • System weaknesses that could lead to fraud
Organisational	• Failure to comply with the standards set by regulatory bodies • Failure to meet the needs of stakeholders (doctors, dentists, local education providers)
Physical	• Loss of physical assets • Health and safety hazards
Professional	• Failure to recruit/retain qualified staff • Lack of training • Over-reliance on key officers • Inefficient and or ineffective management processes • Inability to implement change • Lack of employee motivation/efficiency • Sickness absence • Loss of Corporate Knowledge

Risk Category	Examples
Partnership/contractual	• Failure of contractors / partners (e.g. providers of education) to deliver services to an agreed cost and quality specification • Non-compliance with procurement policies
Legal	• Not meeting statutory duties/ deadlines • Non-compliance with legislation e.g. employment law, data protection, health and safety
Information	• Inadequate systems and management data • Breach of confidentiality
Technological	• Failure of IT systems • Breaches of security • Bad management of computer system and web site • Disruption associated with setting up a new IT system
Reputational	• Negative publicity (local and national) from service or project failure • Potential for legal challenges

Reactive and proactive sources of information can be used to identify risk. Incidents, complaints, audit reports, and reports from regulatory bodies (for example the GMC/GDC) are sources of information to which NIMDTA should react. Information from proactive sources, such as risk assessments or as an outcome of business planning or consultation with staff and stakeholders, may reveal potential risks.

On completing the risk identification process all risks will need to be mapped. The risk map or register is a working document and the identification of risks represents the first stage of the assessment process.

5.3   Assess the Risks

Analysing the likelihood of the risk materialising and its impact on NIMDTA is the next stage of the risk management process.

The following risk matrices on the following pages should be used as the framework to assess the severity of risk:

Step 1

What is the probability of harm occurring given the existing controls/precautions that are already in place?

	Description
A Rare	Do not believe this will ever happen
B Unlikely	Do not expect to happen but it is possible
C Possible	May occur/recur occasionally
D Likely	Will probably occur
E Almost Certain	Likely to occur on many occasions, a persistent issue

Step 2

If harm occurred what are the likely consequences?

Consequence	Description and Rating if Impact
5 Catastrophic	- NIMDTA would be rendered dysfunctional - NIMDTA would incur financial loss - £500k+ - NIMDTA would be unable to recover from such consequences - Multiple claims - Death or major injuries and permanent incapacity/disability - Major adverse repercussions resulting in national media coverage
4 Major	- Operational performance of the function/activity would be severely affected with NIMDTA unable to meet its obligations - Financial loss - £50k - £500k - Recovering from consequences would be complicated and time consuming - Multiple complaints - Major injuries or long term incapacity or disability - Widespread public coverage resulting in major disruption
3 Moderate	- Operational performance would be compromised and revised planning would be required to overcome difficulties experienced - Difficulties experienced in complying with key reporting requirements - Recovery would be gradual and detailed planning required with resources diverted from core activity areas - Significant injury or ill health - Financial loss £5k - £50k - Awareness throughout NIMDTA and some adverse publicity
2 Minor	- Slight inconvenience/difficulty in operation performance of function/activity - Some accountability issues for the area of activity but would not affect NIMDTA's ability to meet key reporting requirements. - Recovery from such consequences would be handled quickly without the need to divert resources from core activity areas - Minor injury or ill health – no incapacity - Financial loss £500 - £5,000 - Awareness limited to NIMDTA and some stakeholders
1 Insignificant	- Operational performance of the function/activity would not be materially affected - No significant accountability issues - Interests of stakeholders would not be affected - Financial loss £0 - £500 - Awareness limited only to individuals within NIMDTA

Step 3

The risk factor = impact x likelihood and is plotted on the matrix giving the risk rating.

Impact	Risk Quantification Matrix				
5 - Catastrophic	High	High	Extreme	Extreme	Extreme
4 – Major	High	High	High	High	Extreme
3 - Moderate	Medium	Medium	Medium	Medium	High
2 – Minor	Low	Low	Low	Medium	Medium
1 – Insignificant	Low	Low	Low	Low	Medium
	A Rare	B Unlikely	C Possible	D Likely	E Almost Certain
	Likelihood				

Risks will need to be evaluated in order to separate those risks that are unacceptable from those that are tolerable. NIMDTA will focus on those risks that, because of their likelihood and impact, make them priorities.

Low risk (green) – the majority of control measures are in place or the harm/severity is small.

Medium risk (yellow) – moderate probability of major harm or high probability of minor harm if control measures are not implemented.

High risk (amber) – significant probability that major harm will occur if control measures are not implemented. Urgent action is required.

Extreme risk (red) – this is unacceptable and immediate urgent action is required.

A course of action can be determined based on whether the risk should be transferred, terminated, tolerated or treated.

Response	
Transfer	Some risks could be transferred to a third party e.g. risks associated with the recruitment and selection of doctors to the local education providers
Terminate	The risk may be so serious that there is no other option but to terminate the activity that is generating the risk
Tolerate	This response will be appropriate if the controls in place are sufficient to reduce the likelihood and impact of a risk to a tolerable level and there is no added value in doing more
Treat	Some risks will need additional treatment to reduce their likelihood or impact

5.4   Treat the Risks

NIMDTA must ensure that controls are in place to manage and minimise any identified risks (mitigating actions). The measures in place should minimise the likelihood or impact of the identified risks.

Each mitigating action will be delegated to an officer who is responsible for confirming the existence and effectiveness of existing controls and ensuring that any proposed mitigating actions are implemented.

Risks identified through the risk assessment process and the allocated Risk Owner will be recorded on NIMDTA's corporate risk register, or appropriate departmental risk register. The measures that are currently in place to control the risk and any further actions required to control the risks will be mapped to the principal risks as well as the name of the person responsible for ensuring the action is completed will be recorded. The date that risks are added or modified will be recorded and any actions required will be included in the register along with target and completion dates.

5.5   Principal Risks and Objectives

The principal risks in relation to NIMDTA's objectives, at any time, are set out in the Corporate risk register. The Corporate risk register is reviewed on a regular basis, and a copy of which is attached as Appendix 2.

6.   Roles and Responsibilities

In determining roles and responsibilities, consideration has been given to the need to ensure that risk management is embedded in policy approval (Strategic Risks) and service delivery (Operational Risks).

6.1 Role of the Board

The Board has a fundamental role to play in the management of risk. Its role is to:

- Set the tone and influence the culture of risk management within NIMDTA. This includes:

  o determining whether NIMDTA is 'risk taking' or 'risk averse' as a whole or on any relevant individual issue

  o determining what types of risk are acceptable and which are not

  o setting the standards and expectations of staff with respect to conduct and probity;

- Determine the appropriate risk appetite or level of exposure for NIMDTA;

- Approve major decisions affecting NIMDTA's risk profile or exposure;

- Monitor the management of significant risks, including serious adverse incidents;

- Satisfy itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively; and

- Annually review NIMDTA's approach to risk management and approve changes or improvements to key elements of its processes and procedures.

6.2 Role of the Audit Committee

The Audit Committee is required to report to the NIMDTA Board on internal controls and alert the Board to any emerging issues. In addition, the Committee oversees internal audit, external audit and management as required in its review of internal controls. The Committee is therefore well-placed to provide advice to the Board on the effectiveness of the internal control system, including NIMDTA's system for the management of risk.

6.3 Role of the Governance & Risk Committee

The Governance & Risk Committee is a sub-committee of the NIMDTA Board. It supports the Board in fulfilling its statutory functions through the provision of good corporate governance and ensuring the performance of the following:

- the implementation and development of an embedded and proactive culture of risk management within NIMDTA;

- the identification of significant risks, and the processes in place for the effective monitoring of identified risks;

- the production, development and periodic review of a Corporate risk register;

- the production, development and periodic review of Departmental risk registers;

- the development of action plans to mitigate or eliminate identified risks;

- training needs of NIMDTA staff, that may arise from time to time, in relation to the impact of risk in their areas of work;

- the management and investigation of complaints, incidents, and accidents; and

- the arrangements in place for the processing, transferring, safe keeping, and disposal of information records within NIMDTA.

6.4   Role of the Chief Executive

The Chief Executive as the Accounting Officer is responsible for ensuring that risk is adequately managed and is responsible for dealing with any unacceptable risks brought to his attention. To assist the Chief Executive to fulfil his responsibilities three broad areas of risk have been identified, each led by a senior manager.

- Corporate Risks – Governance, IT & Facilities Manager

- Financial Risks – Business Manager

- Departmental Risks – Heads of Department

6.5   Role of the Senior Management Committee

The Senior Management Committee fulfils the operational role in the co-ordination of risk management and is responsible for identifying risk, implementing, monitoring any appropriate risk management control measures and ensuring that the strategy for risk management is implemented throughout the organisation. The Chief Executive will chair the Senior Management Committee.

Key roles of the Senior Management Committee are to:

- ensure that systems are operating effectively in identifying and controlling risks and take remedial action when required;

- Implement policies on risk management and internal control;

- Identify and evaluate the significant risks faced by NIMDTA for consideration by the Board;

- Provide adequate information in a timely manner to the Audit Committee and the Board on the status of risks and controls; and

- Undertake a six monthly review of effectiveness of the system of internal control and provide a report to the Board.

6.6   Role of the Business Support Committee

The Business Support Committee is responsible for the identification and management of risks in relation to finance, human resources, ICT, information governance, health & safety, and premises management. This Committee reports to the Senior Management Committee.

6.7   Responsibilities of Heads of Department

Heads of Department are responsible for ensuring that appropriate and effective risk management processes are in place within their designated area and scope of responsibility and that all staff are made aware of the risks within their work environment and of their personal responsibilities, and for:

- Implementing and monitoring any identified risk management control measures within their designated area and scope of responsibility;

- Ensuring that risks are captured onto the appropriate risk registers; and

- Where appropriate, to ensure that risk registers undergo regular review.

6.8   Responsibilities of individual staff members

Members of staff and those acting on behalf of NIMDTA have a responsibility to manage risks within their job. For staff to identify, assess and control risk they will require to use the following:

- Incident report forms;
- Complaints information;
- Risk assessments;
- Policies and procedures; and
- Guidance from Head of Department.

6.9   Responsibilities of External Audit

The Comptroller and Auditor General for Northern Ireland (C&AG) is responsible for the external audit of all central government bodies in Northern Ireland and their executive agencies, and a wide range of other public sector bodies, including health and personal social service bodies and executive non-departmental Public Bodies. His responsibility for the audit of health and personal social service organisations was established by the Audit and Accountability (NI) Order 2003. The C&AG, through the Northern Ireland Audit Office (NIAO), undertakes financial audit and value for money audit and the results of his work are reported to the NI Assembly or to Parliament during the suspension of devolution. He is required to give an opinion on the truth and fairness of each organisation's financial

statements, and on whether the organisation's expenditure and income have been applied to the purposes intended by Parliament. He has also agreed, subject to continuing review, to provide a range of assurances to the Departmental Accounting Officer, arising out of his audit work.

6.10 <u>Responsibilities of Internal Audit</u>

Internal Audit from the Business Services Organisation provide NIMDTA's internal audit function. Internal audit provides an independent and objective opinion on risk management, control and governance by measuring and evaluating the effectiveness with which organisational objectives are achieved. All HSC organisations are required to have an internal audit service and each HSC organisation is responsible for putting in place a service that meets the Government Internal Audit Standards. This provides for consistency of audit across government bodies, including the HSC. As part of their responsibilities, HSC internal auditors play a key role in the assurance process to the board regarding the effectiveness of controls across all of the organisation's activities.

Internal auditors may also conduct consultancy and value for money work. The work of the internal audit departments, in terms of quality and coverage, is assessed annually by the external auditors to determine the degree of reliance that they can place on it.

7. <u>Monitoring and Review</u>

Progress on managing risk will be monitored on an ongoing basis, and it will be a standing item on the agenda of the Board.

The Governance & Risk Committee will regularly review departmental risk registers, monitor their progress and determine which risks should be escalated to the Corporate Risk Register.

The Chief Executive and Governance, IT and Facilities Manager will prepare the Corporate Risk Register, the contents of which will be discussed by senior management at least quarterly, although high risks identified will require monitoring on a monthly basis.

Key performance indicators capable of showing improvements in the management of risk and/ or providing early warning of risk will be identified by senior management and used at all levels throughout the organisation (these are attached as Appendix 1).

The Corporate Risk Register will be submitted to the Governance & Risk Committee which will check that the systems for identifying and assessing risk are being conscientiously operated. The Governance & Risk Committee's view will be reported formally to the Board.

The Chief Executive will report formally to the Board on an annual basis about the effectiveness of NIMDTA's system of internal control covering all the principal risks and NIMDTA's ability to achieve its objectives.

8. Training and Development

Knowledge of risk management is essential to the successful embedding and maintenance of effective risk management. Training will be required in respect of:

- High level awareness of risk management for the Board and senior management;
- Generic risk assessment training to ensure senior staff are competent at risk identification, assessment and management;
- General awareness training for all staff will continue to be undertaken through staff briefings and induction programmes; and
- Other specific training as required.

Each individual's responsibility for the management of risk will be part of the annual appraisal process.

9. Communication

All new members of staff will be made aware of this Framework as part of their induction process. Heads of Department are responsible for keeping staff up to date about changes within the strategy.

The Framework will be available on NIMDTA's Intranet.

10. Review of Assurance Framework

The Assurance Framework will be presented annually to the Board for review. Any revisions to the Framework will take account of changing legislation, government initiatives, best practice and experience gained within NIMDTA.

Appendix 1 – Risk Management Key Performance Indicators

- Compliance with controls assurance standard;
- The performance of two Health & Safety spot checks and risk assessments per annum;
- The performance of two Records Management spot checks and risk assessments per annum;
- Responding to Audit reports and the appropriate implementation of recommendations; and
- That incident reports are sent to each meeting of the Board