

NHS DSPT 2026-27 Version 9: Working Decision and Evidence Worksheet

IG-Smart Governance & Assurance Intelligence — Companion to Asset 10 | Editable template | Edition 25 October 2026

Purpose: DSPT evidence-owner and exception tracker.

How to use: This is not an official DSPT assertion inventory. Enter current version 9 requirement IDs from the official category worksheet; do not submit a generic mapping as a formal return.

Professional boundary: This is an original IG-Smart proposed working instrument, not a regulator-issued form, independent audit, legal opinion, clinical sign-off or automatic risk-acceptance system. Use appropriately qualified practitioners and actual applicable requirements. Store restricted client and patient information only in approved secure repositories; record safe evidence references, not secrets or raw data.

Version control: DSPT 2026–27 version 9 requirements are category-specific; official v1.1 material changes item 10.2.1 for Category 3 and 4 organisations. Validate the latest actual source worksheet and category before inserting IDs. Do not use a legacy ten-standards-only register to represent an approved v9 return. Source: <https://www.dsptoolkit.nhs.uk/News/169>

For category 3/4 item 10.2.1, the current v1.1 worksheet asks whether IT-system suppliers have robust cyber security arrangements. Its guidance includes certification checks and an explanation of assurance activities where suppliers lack certification. It does not establish a universal requirement for every supplier to hold ISO 27001 or Cyber Essentials Plus. Use the exact worksheet and category assigned to the organisation. The generic Governance register is an evidence aid, not the official assertion inventory.

A. Engagement / decision details

Field	Entry
DSPT organisation and category	_____
DSPT requirement reference	_____
Accountable control owner	_____
Operational evidence and period	_____

Field	Entry
Evidence reviewer	_____
Current gap and action	_____
Independent audit requirement	_____
Proposed response	_____
Authorised approver	_____
Submission/reassessment date	_____

B. Mandatory assurance gates and evidence checklist

For each gate specify an accountable human owner, a secure evidence reference, review outcome, any material exception and next action. **“Mandatory” here marks a proposed IG-Smart screening safeguard, not a universal legal requirement.** Actual mandatory duties must be confirmed separately.

ID	Control / decision question	Screening gate	Evidence ref	Review status	Exception / assumption	Owner	Date
D01	Confirm DSPT organisation profile	Yes	----	Not assessed	----	----	----
D02	Select correct v9 category and worksheet	Yes	----	Not assessed	----	----	----
D03	Confirm current assertion/outcome reference	Yes	----	Not assessed	----	----	----
D04	Allocate a real control owner	Yes	----	Not assessed	----	----	----
D05	Inspect implemented control evidence	Yes	----	Not assessed	----	----	----

ID	Control / decision question	Screening gate	Evidence ref	Review status	Exception / assumption	Owner	Date
D06	Validate scope and evidence date	Yes	----	Not assessed	----	----	----
D07	Retain review or challenge finding	Yes	----	Not assessed	----	----	----
D08	Track material gap and exception	Yes	----	Not assessed	----	----	----
D09	Confirm category-specific audit applicability	Yes	----	Not assessed	----	----	----
D10	Verify remediation/ retest outcome	Yes	----	Not assessed	----	----	----
D11	Obtain authorised submission approval	Yes	----	Not assessed	----	----	----
D12	Record post-submission monitoring triggers	Yes	----	Not assessed	----	----	----
D13	Validate previous-cycle migration	No	----	Not assessed	----	----	----
D14	Check supplier assurance reliance	No	----	Not assessed	----	----	----
D15	Verify restoration/ incident exercise	No	----	Not assessed	----	----	----
D16	Confirm evidence access controls	No	----	Not assessed	----	----	----

C. Evidence quality and limitations

Evidence source	Relevant legal entity, system and period	Source credibility / independence	Scope limitation	Reviewer conclusion	Action
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Evidence hierarchy: distinguish (1) assertion, (2) supplied document, (3) independently examined operation, and (4) verified remediation. Evidence confidence is contextual; it should not be combined into a fictional universal compliance percentage.

D. Expert challenge / procurement questions

1. What organisation category and current version 9 requirements apply?
2. Are there unmatched mandatory requirements?
3. Do operational artefacts prove current controls?
4. Is independent audit required for this profile?
5. Who can authorise the submission and document exceptions?

Record responses and facts that need verification. Avoid accepting promotional, certification or supplier statements without checking entity, scope and relevance.

E. Exceptions, uncertainties and mandatory-stop record

Finding ID	Material uncertainty or gap	Consequence	Decision owner	Interim control	Closure evidence	Deadline	Status
01	-----	-----	-----	-----	-----	-----	OPEN
02	-----	-----	-----	-----	-----	-----	OPEN
03	-----	-----	-----	-----	-----	-----	OPEN

Escalation rule: If an applicable statutory duty, patient-safety requirement, material security safeguard or fundamental assurance boundary is unresolved, do not permit a favourable overall score to override it. Seek qualified review and an appropriately authorised decision.

F. One-page executive decision record

Business need and proposed decision: _____
Affected services and individuals: _____
Verified findings and source scope: _____
Uncertain / missing facts: _____
Legal, regulatory or safety review: _____
Options (including defer / redesign): _____
Controls and outstanding conditions: _____
Decision: PROCEED / CONDITIONAL / DEFER / REJECT (delete as appropriate)
Decision rationale and alternatives: _____
Approver with documented authority: _____
Specialist challenge / dissent: _____
Owner, due date and review triggers: _____

No automated sign-off: the companion Excel workbook contains illustrative review-status flags only. It cannot authorise a regulated, commercial or clinical decision.

G. Material-change and re-review triggers

- New applicable law, regulator interpretation or officially published standard.
- Material change to system, supplier, data, people, configuration or contracted service.
- Serious incident, unexpected test result, breach, safety signal or complaint.
- Evidence expiry, loss of relevant certification scope, or changed assurance limitations.
- Departure of an accountable officer, change in delegation or new risk tolerance.
- Overdue action, untested recovery or new dependency concentration.

Evidence source for this subject: <https://www.dsptoolkit.nhs.uk/News/169>

DSPT cycle check

Version 9 (2026-27) submission requirements are published with a 30 June 2027 deadline. The Strengthening Assurance page linked in the source guide still describes 2025-26 version 8. Verify the current cycle and organisation-category audit requirements with the DSPT portal or NHS England; do not treat the old guidance as current.

Safe use and decision control

This is an original IG-Smart working aid, not an official statutory form or automated compliance verdict. Screening gates are prompts: establish their actual legal, clinical, contractual or organisational basis. A conditional decision does not authorise activity while a mandatory prerequisite remains unmet. Keep real evidence in approved access-controlled systems; use references rather than copying personal data or confidential records here.

Read with: [NHS DSPT Evidence Preparation & Assurance Checklist](#).