

Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/Progress
	Impact	Likelihood						

The Whittington Hospital NHS Trust

Trust Assurance Framework March 2006

1. Exhibit high standards of customer care (HSC standard: Care environment & amenities)

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1.1	Lack of capacity to change culture within the hospital	2	3	6	Agreed corporate objectives communicated with the staff Build into project plans for major projects	PCT reviews monthly SHA reviews monthly Substantial Assurance	Directors to rigorously review project plans.	Regular review through service improvement programmes	Project Planning to be required for all major projects, ongoing, CEO (GIC) Facilitate culture change through the IPH project, ongoing, Dir of IPH (GIA) Medium Priority
1.2	Lack of understanding within the Trust of impact of <i>Patient Choice</i>	3	2	6	Regular briefings and meetings with staff	Marketing plan being implemented Substantial Assurance	N/a	Trust Board to regularly review progress of marketing plan implementation	Regular updates to TB on progress Dir of Operations (GIA) Medium priority

GIC Gap in Control
GIA Gap in Assurance

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2. Deliver high standards of clinical care (HSC standards: Clinical and cost effectiveness, patient focus, public health, accessible and responsive care)

2.1	Risk of poor clinical outcomes	4	2	8	<p>Incident and SUI reporting is well established and policy is up to date. Departmental audit meetings review clinical outcomes regularly. Care pathways are implemented and followed in appropriate settings. Up to date information is available to clinical and other staff via intranet and internet</p>	<p>CHKS/Dr Foster data used by clinical groups regularly</p> <p>Regular Clinical Governance Steering Group</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>6 Apr 05</td> <td>16 Mar 05</td> </tr> <tr> <td>6 July 05</td> <td>18 May 05</td> </tr> <tr> <td>2 Nov 05</td> <td>20 July 05</td> </tr> <tr> <td>7 Dec 05</td> <td>21 Sep 05</td> </tr> <tr> <td>1 Feb 06</td> <td>16 Nov 05</td> </tr> <tr> <td></td> <td>18 Jan 06</td> </tr> </table> <p>Clinical audit programme mapped to national priorities</p> <p>Health commission standards completed</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>3 Aug 05</td> <td>20 July 05</td> </tr> <tr> <td>1 Feb 06</td> <td>21 Sep 05</td> </tr> <tr> <td></td> <td>16 Nov 05</td> </tr> </table> <p>Substantial Assurance</p>	HMB	Trust Board	6 Apr 05	16 Mar 05	6 July 05	18 May 05	2 Nov 05	20 July 05	7 Dec 05	21 Sep 05	1 Feb 06	16 Nov 05		18 Jan 06	HMB	Trust Board	3 Aug 05	20 July 05	1 Feb 06	21 Sep 05		16 Nov 05	<p>Knowledge and understanding of staff needs to be constantly updated</p>	<p>Update adverse incident reporting procedure.</p> <p>Ensure department audit meetings effective.</p> <p>CHKS contract terminated from March 2006. Alternatives being explored</p>	<p>Reminders have been circulated by email to all staff. New policies are also announced by email with directions to their location on intranet. New policies all listed in each CEAD newsletter (Trust-wide circulation). New database for policy management being devised by IM&T</p> <p>Meetings held with Women's Health & Care of Older People (COOP) teams. Women's Health have reviewed data & planning audit of episiotomy rates. COOP have reviewed data & planning audit of mortality against length of stay. Next directorates to review data are orthopaedics & cardiology</p> <p>Data contract to be Dr Foster, to replace CHKS</p>
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2.2	Meeting Emergency core targets	4	2	8	Delivering against the Action plans submitted to SHA	<p>ISIS (system) monitoring and control Performance monitoring –all HMB & TB meetings (internal and external)</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>2 Feb 05</td> <td>16 Mar 05</td> </tr> <tr> <td>2 Mar 05</td> <td>18 May 05</td> </tr> <tr> <td>6 Apr 05</td> <td>20 July 05</td> </tr> <tr> <td>4 May 05</td> <td>21 Sep 05</td> </tr> <tr> <td>1 June 05</td> <td>16 Nov 05</td> </tr> <tr> <td>6 July 05</td> <td>18 Jan 06</td> </tr> <tr> <td>3 Aug 05</td> <td></td> </tr> <tr> <td>7 Sep 05</td> <td></td> </tr> <tr> <td>5 Oct 05</td> <td></td> </tr> <tr> <td>2 Nov 05</td> <td></td> </tr> <tr> <td>7 Dec 05</td> <td></td> </tr> <tr> <td>1 Feb 06</td> <td></td> </tr> </table> <p>Reports to SHA</p> <p>Substantial Assurance</p>	HMB	Trust Board	2 Feb 05	16 Mar 05	2 Mar 05	18 May 05	6 Apr 05	20 July 05	4 May 05	21 Sep 05	1 June 05	16 Nov 05	6 July 05	18 Jan 06	3 Aug 05		7 Sep 05		5 Oct 05		2 Nov 05		7 Dec 05		1 Feb 06		N/a	N/a	N/a
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2.3	Ensure the Trust meets the standards for safeguarding children	4	1	4	Laming recommendations fully implemented Child protection performance indicators met Child protection strategy completed	<p>Child Protection Forum Reports to TB Trust Board: 16 Mar 05 18 May 05 20 July 05 – Annual Report 21 Sep 05 16 Nov 05 18 Jan 06</p>	N/a	Review Child Protection training uptake and clinical outcomes	External review of child protection structures has been commissioned Dir of Nursing & CD (GIC) High priority																										

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						<p>Assurance Committee and Clinical Governance Steering Group reviewed</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>6 Apr 05</td> <td>16 Mar 05</td> </tr> <tr> <td>6 July 05</td> <td>18 May 05</td> </tr> <tr> <td>2 Nov 05</td> <td>20 July 05</td> </tr> <tr> <td>7 Dec 05</td> <td>21 Sep 05</td> </tr> <tr> <td>1 Feb 06</td> <td>16 Nov 05</td> </tr> <tr> <td></td> <td>18 Jan 06</td> </tr> </table> <p>Health Commission core Standards assessment submitted</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>3 Aug 05</td> <td>20 July 05</td> </tr> <tr> <td>1 Feb 06</td> <td>21 Sep 05</td> </tr> <tr> <td></td> <td>16 Nov 05</td> </tr> </table> <p>External review of child protection structures completed</p> <p>Substantial assurance</p>	HMB	Trust Board	6 Apr 05	16 Mar 05	6 July 05	18 May 05	2 Nov 05	20 July 05	7 Dec 05	21 Sep 05	1 Feb 06	16 Nov 05		18 Jan 06	HMB	Trust Board	3 Aug 05	20 July 05	1 Feb 06	21 Sep 05		16 Nov 05			
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2.4	Shortage of staff in key areas to provide adequate clinical care	4	2	8	Local management responsible for identifying if insufficient staff to relevant director/ HMB Early plans developed to address issues	Executive team monitors weekly utilisation of staff. HMB monitors quarterly Internal management review. WDD review regular reports e.g. on vacancies. Weekly staff utilisation report received by ET from August 2005 Substantial Assurance	Managers to utilise HR information more extensively	N & M establishment review group to continue to review staffing in midwifery and children's services	Continue to effectively utilise different staffing information strands to inform HMB actions, ongoing Put in place specific plans to recruit to support expansion of NICU in 2006 and ITU expansion in 2006 Dir of HR & CA (GIC and GIA) Medium Priority																						

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2.5	Failure to plan effectively to meet the requirements of a pandemic	4	2	8	Detailed plan developed	Plan agreed by HMB and SHA	N/a	Formal plan to be agreed by HMB	Plan to be agreed at HMB Dir of Operations (GIA) Moderate priority
2.6	Failure to provide adequate decontamination services	3	3	9	Operational protocols in place HMB agreed strategy Decontamination Committee Assurance Committee Infection Control Committee	Trust Board agreed strategy Clinical governance steering group and TB review clinical incidents	System for tracking patterns of decontamination incidents	Quarterly/annual reports to Clinical Governance Committee on incidents and actions	System for tracking decontamination being put in place and regular reports to the Clinical Governance Committee Dir of Facilities (GIA & GIC) High priority
2.7	Inefficient systems for managing patient complaints	3	2	6	Regular monitoring by HMB and Trust Board	Quarterly complaints report to HMB. Healthcare Commission core standards. Weekly monitoring at Executive Team	N/a	N/a	Weekly monitoring New manager appointed Dir of Nursing & CD High priority

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3. Reduce hospitalisation (HSC standard: Accessible and responsive care)

3.1	Insufficient alternatives to inpatient care available on ambulant or home care basis	2	5	10	Provision of care monitored and reported to HMB & TB	PCT & SHA performance reviews monthly Reviews by Cancer Network Monitoring of Delayed discharges by HMB monthly Review of performance against Top 10 modernisation tips completed Substantial assurance	N/a	N/a	Making Best Use of Beds project established, April 2005 project B of which focuses on Long Term Condition Management with PCT colleagues. Medical Dir/Dir of Operations High priority
3.2	Failure to maximise the benefits of chronic disease management programme	5	1	5	PCT led steering group CEO lead	Monitored by TB each meeting and PCT Board Substantial assurance	N/a	N/a	Making Best Use of Beds project established, April 2005 project B of which focuses on Long Term Condition Management with PCT colleagues. Medical Dir/Dir of Operations High priority Quarterly monitoring by TB (GIA) Medical Dir/Dir of Operations Medium priority

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3.3	Failure to reduce rates of healthcare acquired infection	4	3	12	<p>Action plan for reduction monitored by HMB/TB 9/05</p> <p>Hand hygiene campaign in place</p>	<p>Report to HMB 6/10/05, TB Monitoring by SHA Healthcare Commission Standards</p> <p>'Saving Lives' benchmarking audits in place</p> <p>Substantial Assurance</p>	Trust's visitor's policy to be reviewed	N/a	<p>Review Trust' visitors' policy (GIC)</p> <p>Dir of Nursing & CD</p> <p>High Priority</p>
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4. Be operationally excellent

4.1	Lack of sufficient equipment in clinical areas	4	2	8	<p>Identify in business planning Prioritise in capital programme HMB 1/05 Trust monitoring of incidents and complaints to identify equipment issues</p> <p>Procurement procedures reviewed and published</p>	<p>Clinical risk reports Medical Devices Group HMB agrees full business cases 2/05</p> <p>Capital programme active and managed flexibly to meet needs.</p> <p>The Finance and Performance Committee now monitor the Capital Programme, and a draft was approved 02/05. Procurement procedures are prepared and in draft form. The Trust Procurement Group reports formally through the Finance and Performance Group. Substantial Assurance</p>	<p>Managed equipment scheme in PFI</p> <p>Procurement procedures to be reviewed and published</p>	<p>Regular monitoring of Capital Programme</p>	<p>Ensure managed equipment scheme is in place when PFI equipment sourced (GIC) Dir of site commissioning High priority</p> <p>Progress Capital programme active and managed flexibly to meet needs.</p> <p>Review Capital programme, ongoing Dir of Facilities (GIA) High priority</p> <p>The Finance and Performance Committee now monitor the Capital Programme. Procurement procedures have been revised. The Trust Procurement Group reports formally through the Finance and Performance Committee.</p> <p>Changes to capital programme is discussed and approved monthly at the FPC Dir of Finance (GIC) high priority</p>
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4.2	Reliability of risk management IT systems [Detailed assessment of other IT systems in Hospital Risk Register)	2	4	8	Data back up systems in place Regular reviews by IM&T of robustness of systems Identification of priorities and funding through business planning	Peer review Annual IM&T workplan aligned to clinical and business priorities of the Trust and signed off by HMB Regular updates to ET and HMB Internal Audit reports (Project Management and Network Management) CfH audits in preparation for deployment of CRS and CAB Substantial Assurance	New CfH Programme Board to be established Disaster Recovery Plan to be developed for critical systems	N/a	New CfH Programme Board established (GIC) Dir of IM&T Disaster Recovery Plan to be developed for critical systems by 03/06 (GIC) Dir of IM&T All risk management reports under review to ensure appropriate data and better capture of actions taken to prevent recurrence Medium priority
4.3	Failure to have a robust Assurance framework in place	4	2	8	Regularly monitoring by Assurance Committee, audit committee and Trust Board Monitoring by SHA, DoH	Internal Audit progress review Monitored by TB 1/06 3/06. Monitored by Assurance Committee 12/05, 2/06. Internal and external Audit review April 2006 Substantial assurance	Agree date for final submission to Assurance Committee for 2005/06	Action plan from internal audit report dated 10/2/06 to be implemented	Agree timetable for 2006/07 submission to Assurance Committee and Trust Board (GIC) Implement audit action plan Dir of HR &CA (GIA) High priority

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4.4	There is lack of clarity in relation to organisational structures and delegated authorities	2	1	2	Standing financial instructions, standing orders and schedule of delegation in place	TB reviews and ratifies annually Sufis, SO and delegation of authority Substantial assurance	N/a	Annual revision to be agreed by Trust	TB to agree up-to-date SFIs, SO and delegation schedule 3/06 (GIA) Dir of Finance/DI of HR & CA High priority Trust Board to review committee structure Dir of HR & Corporate Affairs (medium priority)
4.5	Failure to take sufficient notice of independent assessments	2	1	2	Risk management strategy specifies role of key personnel	Audit Committee and Assurance Committee review independent assessments. TB review independent assessments and subsequent action plans Substantial assurance	N/a	N/a	N/a

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5. Employ competent, motivated staff

5.2	Need for culture change with professionals	3	3	9	<p>Regular appraisal with all staff Agreed job plans with medical staff Regular team briefing with staff Agreed Corporate objectives in place</p> <p>All directorate objectives risk-assessed in 2005/06 Business Plan</p>	<p>Staff attitude survey reviewed by HMB 4/05 PDPs in place for staff</p> <p>CEO's Whittington Forum held monthly held monthly</p> <p>Implementation of KSF framework HMB Improving Working Lives Practice Plus validation 7/05 Substantial assurance</p>	<p>Embedded team briefing</p> <p>KSF outlines agreed for all of staff</p>	<p>Effectiveness of introduction of team briefing and Whittington Forum needs to be reviewed.</p>	<p>Continue to embed staff briefing, ongoing, All Directors (GIC/GIA)</p> <p>Project plans in place and being rolled out for changes based on the 10 high impact changes (GIC) Dir of Operations/Dir of HR & CA High Priority</p>
5.3	Implement Agenda for Change project plan	3	3	9	<p>HMB & ET review progress Project plan in place agreed by HMB (2/04) Regular updates to ET Forecast cost of new pay arrangements</p>	<p>SHA review performance on monthly basis External audit review of benefits realisation in progress Substantial Assurance</p>	<p>Costings to be finalised as staff are assimilated to new terms and conditions of service AfC panels momentum</p>	<p>Independent review by auditors</p>	<p>Auditors to reviewing benefits realisation (GIA) Dir of HR & CA Medium priority</p> <p>Costs being estimated as assimilation progresses. Dir of Finance (GIC) High priority</p>

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5.4	Trust Board/seni or management are not sufficiently experienced or capable of delivering the objectives of the Trust	4	1	4	Recruitment processes are followed. Regular appraisals are held and PDPs agreed. Remuneration Committee reviews performance of directors annually.	SHA reviews performance regularly Substantial Assurance	Leadership development programme needs to be agreed by TB and implemented	N/a	Leadership development strategy for enhancing management capacity being developed. (GIC) Dir of HR & CA Medium priority National Finance Staff Development Strategy being implemented. Seeking silver accreditation. (GIC) Dir of Finance Medium priority Preparation for FT diagnostic Board to Board skilling up Board CEO (GIC) High priority
5.5	Capacity to use information	3	3	9	Appraisal with staff Project plans for major projects Use of real time reporting via Trust intranet for activity data e.g. ED 4 hour performance, monthly IP and OP performance	Internal Audit reports (Project Management and Network Management) Information Management staff aligned to new clinical directorate structure All FoI requests met within 20 day target PCTs monthly review SHA monthly review Substantial Assurance	N/a	N/a	N/a

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5.6	Staff /potential staff do not view the trust as their employer of choice	3	3	9	Monitoring recruitment and retention rates by the HMB & TB quarterly HMB 2 Mar 05 1 June 05 7 Sept 05 7 Dec 05 Trust 16 Mar 05 18 May 05 20 July 05 21 Sep 05 18 Jan 06	Achievement of Improving working lives practice plus validation 7/05 Staff views in the hospital attitude survey HMB 6/4/05 Substantial assurance	N/a	Review staff attitude survey and agree action plan accordingly	HMB/TB to agree action plan based on staff attitude survey received 2/06Dir of HR & CA (GIA) by 4/06
5.7	The Trust does not manage its performance effectively	4	1	4	Appraisal of staff Review of Complaints and incident for target needs Introduction of KSF for all staff in their appraisal HMB monitors achievement of DoH performance targets at every meeting.	Individual Personal development plans – rollout of KSF framework Clinical risk reports reviewed at each Clinical Governance Steering Group Complaint reports quarterly, TB included in clinical governance reports each meeting Healthcare Commission Standards assessment DoH targets are met. Substantial Assurance	Appraisal should cover all staff	Training needs analysis for clinical staff needs to support allocation of education contracts	Continue to cascade appraisal through all hospital, ongoing, All Directors (GIC) Training and Development strategy group to review training provision to meet needs, ongoing, Dir of HR & CA (GIA) Medium priority

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5.8	The interests of directors and governors are not disclosed and monitored	2	1	2	Up to date register maintained by the Trust	Agenda item at each TB Register available to public Substantial assurance	N/a	N/a	N/a
5.9	A clear strategy is not in place to maximise the effective involvement of the Foundation Trust membership and governors	3	1	3	Clear strategy needs to be devised for their involvement	TB to agree strategy and its implementation Limited assurance	Strategy to be devised	TB to agree strategy	Strategy to be developed and agreed Asst CEO 10/06 Medium priority

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6. Provide a suitable environment for care (HSC standard: Safety)

6.1	Insufficient investment in the physical environment	3	4	12	Development Control Plan Estates strategy	Development Control Plan – HMB 2/3/05 ERIC Draft SOC Substantial Assurance	SOC is required in order to update DCP	Regular review of capacity. Monitoring Service improvement projects linked to capacity.	Update DCP and agree estate strategy in line with draft SOC A Strategic Outline Case is in preparation. A revised and updated DCP can be prepared for April 2006 Dir of Facilities (GIC) High Priority
6.2	Significant delay in opening new acute core facilities	4	3	12	Capital control plan developed annually based on 10-year investment strategy HMB 1/05 6 week commissioning plan in place	Regular monitoring by FPC & TB Trust Board 18 May 05 20 July 05 21 Sept 05 16 Nov 05 Programme reviewed and approved by the Finance and Performance Committee 2/05 Capital Monitoring Committee Substantial assurance	The 10-year program is to be updated annually.		The current capital programme has been approved by the Finance and Performance Committee and programme updates and changes are reported monthly Dir of Facilities (GIC) Medium Priority

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6.3	Significant delay opening new day surgery facilities	4	4	16	Project agreement in place for delivery of scheme and monitoring of facilities management during operational phase	Regular monitoring by FPC & TB Trust Board 18 May 05 20 July 05 21 Sept 05 16 Nov 05 Programme reviewed and approved by the Finance and Performance Committee 2/05 Capital Monitoring Committee Substantial assurance NHS Private Finance Unit regularly monitors Substantial assurance	Contingency plan for services required due to delay in new building completion to include financial risk and internal and external communications	Agreed completion dates for new build and refurbishment	Close monitoring of progress and communications between project partners (GIC) & (GIA) Dir of Finance High priority Liaison Committee meeting regularly with PFU and EO involvement. Financial impact incorporated in PSP. Regular reports to TB on construction and commissioning. Dir of Finance/Dir of Commissioning (GIC) High priority
6.4	Failure to redevelop effectively the hospital site to accommodate future business requirements	4	2	8	TB monitors service strategy and Site development control plan (DCP)	Site DCP in place HMB 2/3/05 Strategic Outline Case in preparation Substantial assurance	The DCP will be updated when the SOC is completed and approved.	N/a	Progress Strategic Outline Case is being prepared with assistance from specialist health planning consultants Once the SOC is completed and agreed the DCP will be updated to reflect the changes and an OBC prepared to support the case for change Dir of Facilities (GIC) High priority

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7. Be an integral part of the local health community's health resources

7.1	Changes to local population	3	3	9	Race equality scheme reviewed by TB 5/05 Review Census data Access Public health data from PCTs Demand management through PCTs e.g. chronic disease	Hospital Equality & diversity Steering Group reviews on quarterly basis Benchmarking performance indicators required by PCT SHA DoH Substantial Assurance	Links to business planning to be strengthened	N/a	Review Provider Sustainability plan Dir Ops/HR (GIC) Medium priority
7.2	Adverse changes in strategic decisions of commissioners of services or changes in flow due to Patient Choice	4	3	12	Business planning and LDP process Signed SLAs with commissioners SHA strategic planning	Regular CEO/PCT meetings bimonthly CEO regular liaison monthly TB review position regularly Substantial Assurance	Continue to revise financial implications arising from changing business environment	N/a	PSP to be revised and disseminated by 3/06 Dir of Finance (GIC) High Priority

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7.3	Inability to demonstrate contribution to health promotion in local community	2	4	8	Monitoring of NSFs. Agreed priorities with PCTs	NSF reports to HMB and Trust Board Healthcare Commission Standards	Tighten NSF reporting structure	Unable to Document and quantify existing health promotion strategies within the Trust	Implement plan to document and quantify existing health promotion strategies within the Trust Dir of Nursing & CD (GIC) High priority
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8. Collaborate with other agencies (HSC standard: Accessible and responsive care)

8.1	Impact of Foundation trusts and Independent sector providers on this Trust	5	2	10	Business planning and SLAs with commissioners Agreed strategic direction	Business Planning Strategy Group Regular CEO/PCT meetings bimonthly CEO regular liaison monthly Substantial Assurance	Further development of business planning process required	Regular review of TB & SHA papers	Review business planning process for future years by 11/04 Dir of Finance (GIC) Review neighbouring Trust and SHA Board papers, (GIA) ongoing CEO Medium Priority Progress Business Strategy Committee established for longer term planning and impact of systems reform agenda. Business Planning Core Team established to develop the business planning process. BP 2005/06 approved by TB.
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9. Undertake education and research (HSC standard: Clinical and cost effectiveness)

9.1	Lack of congruence of education and NHS agendas	2	3	6	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	PCT performance reviews SHA performance reviews Postgraduate Deanery Substantial Assurance	Review jointly SLAs	Medical school & university links could be enhanced.	Continue joint reviews with medical school and university. Ongoing CEO (GIC/GIA) Low Priority
9.2	Insufficient funding available for education provision	3	3	9	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	TB reviews bimonthly HMB reviews monthly WDC reviews regularly Substantial Assurance	Review jointly SLAs	Clarity required in funding priorities	Review SLAs with WDC/SHA for funding support, Dir of Finance/CEO (GIC and GIA) High Priority Progress Non-recurrent SIFT support negotiated in 2004 and 2005/06 via WDD/SHA. Further discussion to secure recurrent effect. Successful bids to SIFT development fund.

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9.3	Potential Change of policy by UCL medical school and Middlesex University and WDD	3	3	9	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	TB reviews regularly HMB reviews regularly WDC reviews regularly Substantial Assurance	Review jointly SLAs	Build clarity of links between Trust and policies of universities, etc. Late confirmation of contract funding at Middlesex University by SHA	Regular review and agree policy with UCL, Middlesex University and WDC, CEO/ Medical Dir/Dir of Nursing & CD (GIC and GIA) Medium Priority Progress Participation in NCL SIFT Steering Group Close monitoring of training needs analysis and course uptake at Middlesex University Training needs analysis reviewed in light of reduction in post-registration contract with Middlesex by SHA
9.4	Lack of training and educational expertise	2	2	4	Appraisal and identification of target needs Agreed through job planning with medical staff	TB requires appraisal to be undertaken SHA reviews progress on job planning for consultant staff Healthcare Commission Standards Substantial Assurance	Embedded appraisal and personal development plans.	Training needs analysis for clinical staff needs to support allocations of education contracts Training is required to be linked to trust's objectives	Review appraisal of staff across the trust, ongoing Dir of HR (GIC) Training & Development steering group to review linkages to trust's objectives, ongoing Dir of HR (GIA) Medium priority PDPs and KSFs established in Finance. Training & Development Strategy agreed and being implemented in 2005/06.

	Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
		Impact	Likelihood						

9.5	Other Trusts could take over our research and education work	2	3	6	SLAs as above	TB reviews regularly HMB reviews regularly WDC reviews regularly Substantial Assurance	Jointly review strategic directions with PCTs and SHA and other Trusts	Systematic review should be undertaken by Trust.	Ensure agreement on joint strategic directions, ongoing, CEO (GIC) Link outputs for different groups together to join up issues, ongoing, CEO (GIA) Low Priority Research & development strategy to be develop, CEO (GIC) Medium priority
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Principal Risk Description	Risk Level		Over-all Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
	Impact	Likelihood						

10. Be financially robust (HSC standard: Clinical and cost effectiveness)

10.1	Failure to manage resources within the business planning framework eg failure to achieve cost improvement programmes	4	2	8	Budget expenditure is reviewed monthly by directors, CEO and Trust Board Executive Team reviews progress on cost improvement programmes 01/06, & 02/06	TB review services and resources each meeting External and internal audits and management letters Substantial Assurance	Selective real time financial information to be developed FRP to be updated	Ensure review of workforce as part of FRP. Implementation of updated procurement procedures. Compare bank and agency usage with activity and vacancies. Establishment Review to be completed for: - theatres - paediatrics - maternity	Progress EROS data now available <1 week in arrears Develop selective real time financial information for managers by review date, Dir of Finance (GIC) Medium Priority Weekly flash report needs to incorporate financial data. Project to integrate data from TSO with payroll established Dir of HR & CA/ Dir of Finance. (GIC) medium priority
10.2	Failure to maximise income by internal processes, especially in relation to Payment by results	4	2	8	Finance Plan in place Regular reviews of position by HMB and TB SLAs in place with PCTs Action plan in place to increase capture of activity etc	Internal Audits Peer review HMB monitors financial position monthly TB monitors financial position bi-monthly Finance and Performance Committee reviews monthly financial position Substantial Assurance	£6m non-recurrent support 2004/05 to be covered by other means in 2005/06 and beyond.	N/a	Financial & Performance Board established. PSP developed Dir of Finance/CEO (GIC and GIA) High Priority

	Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
		Impact	Likelihood						
10.3	Base costs increasing eg Agenda for Change pay, consultant contract pay, increased costs of new technology unfunded inflation	4	4	16	Tight control through Executive Team, HMB	TB monitor overall position every meeting PCTs performance management review monthly Substantial Assurance	N/a	Inability to control costs influenced by national policies, eg, implementation of NICE guidelines, consultant contracts	Ensure financial implications of national policies are assessed, ongoing, Dir of Finance (GIA) High priority
10.4	Shortfall on planned income due to volatility in PbR tariff and rules	4	3	12	Regular updates on position and projections to HMB	TB monitors overall position at each meeting	N/a	Unable to control except through collective NHS influence	Participation in sector/DoH briefings Dir of Finance/CEO ongoing GIA High priority

	Principal Risk Description	Risk Level		Over-all Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
		Impact	Likelihood						
10.4	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment	2	1	2	Appraisal of staff skills KSF outlines agreed for all finance staff	External auditors review	N/a	N/a	N/a
10.6	Failure to provide services within the tariffs set in particular by being above tariff standard length of patient stay in hospital	4	2	8	Finance & activity reports to every HMB Analysis in place for service costs compared to tariffs	TB reviews costs and activity at every meeting	Best use of beds project being implemented to minimise	N/a	Making Best Use of Beds project established, April 2005 project A of which focuses on reduction in length of stay. Evidence that ALOS is reducing Medical Dir/Dir of Operations High priority
10.7	The business plan for the Trust is not robust and therefore not deliverable	3	2	6	BPCT develop plan and revise to enhance its robustness regularly. BPCT meets weekly. HMB agrees PSP	TB agrees PSP. Trust Board: 18 May 05– discussed 20 July 05 – discussed 18 Jan 06 – presentation SHA reviews PSP and provides feedback	External environment changes regularly	N/a	BPCT to continue to review PSP to take account of external environment changes (GIC) Dir of Finance High priority

	Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
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10.9	Failure to generate positive cash flow eg through timely debtor recovery	4	2	8	Protocols in place to facilitate debtor recovery. Cash flow policy to be in place	HMB & TB monitor cash flow as part of financial reports at every meeting	Cash flow policy to be revised	N/a	Cash flow policy to be revised and agreed by HMB (GIC) Dir of Finance High priority
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