

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

Appendix 1

Trust Assurance Framework revised March 2008

1. To deliver excellence in customer care, by being caring and responsive in every patient contact. Healthcare Commission core standards: C13 dignity & respect, C14 complaints management, C15 food & nutrition, C16 patient information, C17 patient feedback, C18 equality & choice

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1.1	Failure to implement the Whittington service Promise	5	2	10	HMB & TB dashboard reports on progress of implementation	HCC, SLA contract monitoring and local patient surveys Substantial assurance	N/a	Fuller reporting to TB	Capture measures in dashboard report (October 08) Director of Primary Care, (GIA) High priority Review of strategy & governance arrangements (Board paper April 08 and ongoing)
1.2	Failure to attract patients due to Patient Choice	5	2	10	HMB & TB dashboard reports on market share analysis, patient referrals, patient attendances and outcome measures from the marketing and communications strategy	HCC, dashboard report and local patient surveys to every HMB/Trust Board. Updates on progress against marketing action plan to HMB and TB Substantial assurance	N/a	Fuller reporting to TB	Capture data as dashboard report (October 08) Review of marketing & communications strategy in light of FT status by July 08 Director of Primary Care (GIA) High priority

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2. To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes. Healthcare Commission core standards: C1 patient safety, C2 child protection, C3 NICE guidance, C4 reducing infections, C5 evidence based practice, C15 food & nutrition

2.1	Risk of poor clinical outcomes	4	2	8	<p>Incident and SUI reporting and policy up to date.</p> <p>Departmental audit meetings reviewing clinical outcomes.</p> <p>Care pathways implemented and monitored for effectiveness.</p> <p>Up to date information available to clinical and other staff via intranet and internet</p>	<p>Dashboard report to Trust Board</p> <p>SUIs reported to Clinical Governance and hence to Audit Committee</p> <p>Quality of care fixed agenda item on Clinical Governance Steering Group monthly meeting agenda</p> <p>Dr Foster data used by clinical groups</p> <p>Clinical audit programme mapped to national priorities</p> <p>Health commission standards assessed</p> <p>Substantial Assurance</p>	N/a	N/a	<p>Investigate and manage response to incidents and SUIs as they arise.</p> <p>All Directors</p>
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2.2	Meeting health core targets	4	2	8	Service plans in place	EDIS (system) monitoring and control Dashboard report to each HMB & TB meeting Reports to SHA Substantial Assurance	N/a	N/a	N/a
2.3	Ensure the Trust meets the standards for safeguarding children	4	1	4	Trust meeting each of the Laming recommendations Child protection performance indicators met Child protection strategy completed and updated annually	Child Protection Forum Reports to TB Child Protection Annual report: Trust Board – 21 November 2008 Assurance Committee (Feb 2008) and Clinical Governance Steering Group (11 March 2008) reviewed Records of child protection training CRB checks in place in line with "Safer recruitment" policy SHA performance monitoring December 2007 Reported to Trust Board November 2007	N/a	N/a	N/a

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				8		Health Commission core Standards assessment submitted			
				8		External review of child protection structures completed Substantial assurance			
2.4	Shortage of staff in key areas to provide adequate clinical care	4	2	8	<p>Integrated business plan workforce plan identifies the workforce required to deliver service developments in years going forward.</p> <p>Business cases reviewed against workforce development plan and budgeted establishment.</p> <p>Establishment control system in place</p> <p>Local management identify insufficient staff (either in post or budgeted for) to relevant director</p>	<p>Executive team monitors weekly utilisation of staff.</p> <p>Trust board and HMB receive dashboard report which includes workforce and efficiency data</p> <p>SHA review regular reports e.g. on vacancies.</p> <p>Substantial Assurance</p>	N/a	N/a	N/a

GIC Gap in Control
GIA Gap in Assurance

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2.5	Failure to plan effectively to meet the requirements of a pandemic	4	2	8	<p>Pandemic management plan in place and updated against all new guidance</p> <p>Policies developed and staff trained in their use as per the pandemic plan</p>	<p>Plan agreed by HMB and SHA</p> <p>Substantial Assurance</p>	N/a	N/a	N/A

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2.6	Failure to provide adequate decontamination services	4	3	12	<p>Operational protocols in place</p> <p>Monitoring of incidents</p> <p>Reduction in workload through SSD</p> <p>Staff training programme</p> <p>User group meetings</p> <p>Use of 49-point survey to establish cleaning efficiency of ward based equipment</p> <p>Deep clean facility using HTM2030 compliant washer for all non-electrical ward based equipment (i.e. commodes)</p> <p>Medical Equipment Library to ensure that all electrical medical devices are subject to regular cleaning using approved methods</p>	<p>Part of Northwest London Joint Venture (NWLJV) project.</p> <p>Clinical governance steering group and TB review clinical incidents</p> <p>Decontamination Committee</p> <p>Assurance Committee</p> <p>Infection Control Committee</p> <p>Annual systems and department audit</p> <p>Substantial Assurance</p>	<p>Deep clean facility</p> <p>Medical equipment library</p>	N/a	<p>Actions required: Specification, design and tender for new HTM 2030 compliant equipment decontamination facility</p> <p>Progress: three HTM 2030 compliant washers have been identified as suitable for use. A specification and tender has been developed for their purchase and installation. The project is due to go out to tender in June with construction starting in Sept 2008 (GIC)</p> <p>Director of Facilities High priority</p> <p>Complete by March 2009</p> <p>Actions required: design construction and development of a medical equipment library.</p> <p>Progress: construction of the medical equipment library is complete. Recruitment of a manager and technical support is underway but proving difficult. The library is projected to open in Sept once recruitment is complete (GIC)</p> <p>Director of Facilities High priority</p> <p>Complete by Sept 2008</p>
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2.7	Inefficient systems for managing patient complaints	3	2	6	<p>Regular monitoring by HMB and Trust Board</p> <p>Meeting Healthcare Commission targets</p> <p>Weekly status report</p>	<p>Quarterly complaints report to HMB.</p> <p>Healthcare Commission core standards.</p> <p>Weekly/ monitoring at Executive Team</p> <p>No actions required from Healthcare Commission audit in Feb 07</p> <p>Substantial Assurance</p>	N/a	N/a	N/a

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2.8	Failure by WFL and their facilities management service provider to deliver a safe and effective service to the GNB and new acute wing.	5	3	15	<p>Weekly operational meetings with JASL</p> <p>Monthly performance monitoring meetings with WFL</p> <p>Effective application of payment mechanism</p> <p>Robust performance management data from WFL</p> <p>Dedicated performance monitoring officer</p> <p>Planet FM operational database</p>	<p>Bi- monthly performance report to Trust Board</p> <p>Monthly performance report to FPC</p> <p>Monthly Payment Mechanism monitoring meeting</p> <p>Weekly performance monitoring meeting (internal)</p> <p>Monthly liaison committee meetings</p> <p>Substantial assurance</p>	N/a	N/a	n/a
2.9	Trust exposure to PFI legal and statutory non-compliances that cannot be addressed though the payment mechanism	5	5	25	<p>Weekly operational meetings with JASL</p> <p>Monthly performance monitoring meetings with WFL</p> <p>Effective application of payment mechanism</p> <p>Robust performance management data from WFL</p> <p>Dedicated performance monitoring officer</p>	<p>Bi- monthly performance report to Trust Board</p> <p>Monthly performance report to FPC</p> <p>Monthly Payment Mechanism monitoring meeting</p> <p>Weekly performance monitoring meeting (internal)</p> <p>Monthly liaison committee meetings</p> <p>Legal opinion on options should such exposure arise</p> <p>Limited Assurance</p>	N/A	Legal opinion on options should such exposure arise	<p>Actions required:</p> <p>Legal opinion being sought on options should such exposure arise.</p> <p>New issues have arisen and meeting arranged with Bevan Brittan and PFI expert to assess the competency and capability of the hard services provider in Sept 2008</p> <p>Director of Facilities (GIA) High priority</p>

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3. Reducing hospitalisation (admissions, attendances and length of stay)

Healthcare Commission core standards:

C4 reducing infections, C6 working with other organisations, C5 evidence based practice

3.1	Failure to maximise the benefits of Health Foundation co-creating	5	1	5	Executive led Steering Group with PCT health & primary care colleagues programme Project structure in place	Quarterly updates to HMB Monthly reporting to Health Foundation Substantial assurance	N/a	Reporting arrangements to TB to be introduced	2-year project commenced November 2007 Presentations to Board by Health Foundation team (May 08) Reporting arrangements to TB to be agreed (GIA) Director of Primary Care . Medium priority
3.2	Failure to reduce rates of healthcare acquired infection	5	3	15	Compliance with the Hygiene Code (Health Act 2006) Bed management policy	Report to HMB , TB Monitoring by SHA Healthcare Commission Standards 'Saving Lives' benchmarking audits in place Report by DoH team Nov 2007 Reports to Infection Control Committee and Trust Board Substantial Assurance	Consistency of staff adhering to infection control policies Insufficient isolation facilities	Track performance through the dashboard report and bring progress report on action plan to the board every quarter Monitoring of action plan to address points raised by DoH team review by HMB & TB	Implement regular reporting of action plan progress to HMB & TB in place Dir of Nursing & Clinical Development (GIA) High priority Actions required: Focus performance improvement measures on systems, processes and behaviours, which are identified from root cause analysis as requiring improvement. Timescale July 2008 Performance management of individuals who fail to achieve the required standards of practice. Timescale Immediately and ongoing. Dir of Nursing & Clinical Development (GIC) High priority To have established outbreak isolation facility September 2008. (GIC) Lead officer: Director of Nursing High priority

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3.3	Failure to comply with the Code of practice for the Prevention & control of healthcare associated infections (Hygiene Code)	4	3	12	Full compliance with the Hygiene Code (Health Act 2006) Monthly reports to HMB	Reports to Infection Control Committee and Trust Board Substantial Assurance	N/a	N/a	N/a
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**4. To improve our operational management to achieve resource efficiencies and continuous service improvement
Healthcare Commission core standards:**

**C1 patient safety, C5 evidence based practice, C7 corporate & clinical governance, C8 leadership & accountability
C9 records management, C15 food & nutrition, C18 equality & choice, C24 major incident planning**

4.1	Lack of sufficient equipment in clinical areas	4	2	8	<p>New equipment needs identified as part of all service development plans</p> <p>Medical Devices Group identify and manage rolling replacement programme for existing equipment.</p> <p>Medical devices Group to approve for submission to business planning group and request for new equipment.</p> <p>Capital programme prioritises new and replacement equipment and the purchase of equipment in support of risk mitigation against the risk register and the assurance framework</p> <p>Trust monitoring of incidents and</p>	<p>Clinical risk reports</p> <p>Capital programme active and managed flexibly to meet needs.</p> <p>The Executive Committee monitors the Capital Programme</p> <p>The capital programme mapped against the Assurance framework and risk register</p> <p>Substantial assurance</p>	N/a	N/a	N/a
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				2	complaints to identify equipment issues Procurement procedures reviewed and published				
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4.2	Failure to take sufficient notice of independent assessments	2	1	2	Risk management strategy specifies role of key personnel	Audit Committee review independent assessments and have oversight of action plans and their implementation. TB review independent assessments and subsequent action plans Substantial assurance	N/a	N/a	N/a
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4.3	The Trust fails to meet the 18 week referral to treatment milestones	4	3	12	Whole trust action plan in place - weekly performance monitoring against trajectory.	Progress monitored by HMB and TB through Service Development Update Report Steering Group which includes PCT membership reports to SHA/DoH 18 week steering group with PCT membership meets monthly Project team meets weekly Daily reports on progress, risks and mitigations to Director of	N/a	N/a	
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					<p>Operations</p> <p>Weekly report to Executive Team</p> <p>Weekly patient tracking lists submitted to DoH monitor performance against milestones</p> <p>Substantial Assurance</p>			

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**5.To employ competent, motivated staff who place the interests of patients first
Healthcare Commission core standards:
C8 leadership & accountability, C10 employment, C11 education & development, C13 dignity & respect**

5.1	Trust Board/seni or managem ent are not sufficiently experienc ed or capable of delivering the objectives of the Trust	4	1	4	Robust recruitment processes to ensure appointment of candidates who fit person spec. Annual appraisals and PDPs agreed. Remuneration Committee reviews performance of directors annually. Board Leadership Programme in place	SHA reviews performance regularly Trust Board reviews progress on leadership development strategy Substantial Assurance	N/a	N/a	N/a
5.2	Inability to recruit adequate skilled staff to deliver services	3	4	12	Monitoring recruitment and retention rates by the HMB & TB quarterly HMB IWL Steering Group review	Achievement of Improving working lives practice plus validation Awarded – Nursing Times Top 100 Employers + Times Top 50 Employers Where Women Want to Work Staff views in the hospital attitude survey HMB Substantial assurance	N/a	Review staff attitude survey and agree action plan accordingly	HMB/TB agreed action plan based on staff attitude survey in 4/08 (GIA) Dir of HR Medium priority

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5.3	The Trust does not manage its performance effectively	4	3	12	<p>Appraisal of staff – new targets for appraisal set for 2008</p> <p>Review of Complaints and incident for target needs</p> <p>HMB monitors achievement of DoH performance targets at every meeting.</p>	<p>Individual Personal development plans for each member of staff</p> <p>Clinical risk reports reviewed at each Clinical Governance Steering Group</p> <p>Complaint reports monthly through dashboard to TB</p> <p>Healthcare Commission Standards assessment DoH targets are met.</p> <p>Substantial Assurance</p>	Appraisal for all staff		Continue to cascade appraisal through all hospital, ongoing, Director of HR and All Directors (GIC) High priority
5.4	The interests of directors and Council members are not disclosed and monitored	2	1	2	<p>Up to date register maintained by the Trust</p>	<p>Agenda item at each TB</p> <p>Register available to public</p> <p>Substantial assurance</p>	N/a	N/a	N/a

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5.5	A clear strategy is not in place to maximise the effective involvement of the Foundation Trust membership and governors	3	1	3	Clear strategy in place Foundation Trust Project Board monitors membership development plan and Governor development plans. Reports to TB quarterly	TB agreed strategy and monitors its implementation Substantial assurance	N/a	N/a	N/a
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6. Provide a sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate
Healthcare Commission core standards:
C13 dignity & respect, C20 environment, C21 cleanliness

6.1	Insufficient investment in the physical environment	3	4	12	<p>Development Control Plan</p> <p>Estates strategy</p> <p>Robust capital programme based on business and estate needs and linked to the assurance framework and risk register</p>	<p>ERIC (Estates Return Information Consortium) returns</p> <p>Redevelopment steering group reports to trust board through CEO</p> <p>Capital Monitoring Committee reports to Executive committee</p> <p>Substantial Assurance</p>	N/A	N/a	N/a
6.2	Failure to redevelop effectively the hospital site to accommodate future business requirements	4	2	8	<p>Development Control Plan</p> <p>Estates strategy</p> <p>Business case development</p>	<p>Redevelopment steering Group reports to trust board through CEO report</p> <p>Substantial Assurance</p>	Business case required	N/a	<p>Business case being prepared – first draft proposals for presentation to trust board in July 2008.</p> <p>Dir of Strategy & Performance GIC High priority</p>

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7. To position the Whittington as the hospital of choice for local people, through being an integral part of the local community's health resource Healthcare Commission core standards:

C6 working with other organisations, C22 reducing inequality, C23 health promotion

7.1	Failure to respond to changes to local population	3	3	9	<p>Single equality sceme approved by TB 05/08</p> <p>Integrated Business Plan modelled around census data and PCT commissioning strategic Plans which includes Public health</p>	<p>Hospital Equality & Diversity Steering Group reviews on quarterly basis.</p> <p>Included in Trust's Integrated Business Plan</p> <p>Benchmarking performance indicators submitted to PCT SHA DoH Substantial Assurance</p>	N/a	N/a	N/a
7.2	Adverse changes in strategic decisions of commissioners of services or changes in flow due to Patient Choice	5	3	15	<p>Business planning and LDP process</p> <p>Signed SLAs with commissioners</p> <p>SHA strategic planning SLA – Trust/PCT - monitoring meetings</p> <p>Primary Care Interface Group meetings</p>	<p>Regular CEO/PCT meetings bimonthly</p> <p>CEO regular liaison monthly</p> <p>TB review position regularly</p> <p>Substantial Assurance</p>	N/a	N/a	N/a

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7.3	Inability to demonstrate contribution to health promotion in local community	2	4	8	<p>Agreed priorities with PCTs as part of SLA negotiations</p> <p>Have agreed quality indicators in contract re nutrition and exercise/smoking and smoke free</p>	<p>Reports to HMB and Trust Board</p> <p>Healthcare Commission Standards</p> <p>Smoke free policy – reviewed TB Nov 07</p> <p>Smoking cessation steering group</p> <p>SLA monitoring meetings</p> <p>Substantial Assurance</p>			<p>Implement plan to document and quantify existing health promotion strategies within the Trust by July 08</p> <p>Dir of Primary Care(GIA)</p> <p>High priority</p> <p>Clear reporting structure on progress against NSF standards (GIC) Dir of Operations</p> <p>Medium priority</p>
7.4	Failure to achieve sufficient FT members	4	1	5	Monitoring by FT project Board	<p>Project plans in place to achieve membership</p> <p>Regular reports to FT programme Board & TB</p> <p>Substantial Assurance</p>		N/a	N/a
7.5	The proposed London Strategy does not support the Trust's market base	3	3	9	Monitoring of SHA planning proposals	<p>Marketing strategy in place</p> <p>Reports to HMB & TB</p> <p>Integrated Business Plan 2007-13</p> <p>Substantial Assurance</p>	N/a	N/a	N/a
7.6	Lack of public confidence could affect choice & demand	5	2	10	<p>Marketing strategy in place</p> <p>Whittington Promise</p> <p>Maternity report from the HCC</p>	<p>Regular local patient surveys and HCC surveys</p> <p>Regularly report to HMB & TB</p> <p>Substantial Assurance</p>	N/a	N/a	N/a

GIC Gap in Control
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8. Collaborating with other agencies to shape the delivery of healthcare in the locality

Healthcare Commission core standards:

C6 working with other organisations, C22 reducing inequality, C23 health promotion

8.1	Failure to plan for Impact of Foundation trusts and Independent sector providers on this Trust	5	2	10	Business planning assumptions SLAs with commissioners Review of trust strategy by TB	Business Planning Group Regular CEO/PCT meetings bimonthly Board development programme Substantial Assurance	N/a	N/a	N/a
8.2	Failure to work collaboratively with other organisations to implement service changes	3	2	6	TB monitors regularly Increased working with tertiary centres and PCT to determine future shifts in services PCT consulted during the development of the IBP	Regular CEO/CEO meetings Primary Care Interface Group Substantial Assurance	N/a	Monitor challenge on alignment with PCTs	N/a

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9. To develop and deliver a modern programme of teaching and research activities, by strengthening academic links with educational partners

Healthcare Commission core standards:

C11 Education & development, C12 research governance

9.1	Education funding is reduced	3	4	12	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	TB reviews bimonthly HMB reviews monthly Substantial Assurance	Review SLAs	N/a	Review SLAs with SHA for funding support, Dir of Finance/CEO (GIC and GIA) High Priority
9.2	Potential Change of policy by UCL medical school and Middlesex University	3	3	9	SLAs with medical school/ universities SLA with Postgraduate Deanery/ SHA	TB reviews regularly HMB reviews regularly SHA reviews regularly Substantial Assurance	N/a	Build clarity of links between Trust and policies of universities, etc.	Annual review and agree policy with UCL, Middlesex University and SHA, CEO/ Medical Dir/Dir of Nursing & CD (GIC and GIA) Medium Priority
9.3	Lack of training and educational expertise	4	3	12	Appraisal of staff – new targets for appraisal set for 2008 Agreed through job planning with medical staff	Appraisal and Individual Personal development plans for each member of staff – reports on progress to TB SHA reviews progress on job planning for consultant staff Healthcare Commission Standards Substantial Assurance	Embedded appraisal and personal development plans.		Review appraisal of staff across the trust, ongoing Dir of HR (GIC) High priority
9.4	Other Trusts take over our	2	3	6	SLAs in place with universities	TB reviews regularly HMB reviews regularly	Joint review strategic directions with PCTs and SHA and other Trusts being lead by		Ensure agreement on joint strategic directions, ongoing CEO (GIC) medium priority

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research/ education work			15		External review of research function completed and Prof Monty Mython appointed to head research function Substantial Assurance	Research Director		

10. To achieve a surplus every year: ALE (Auditors and Local Evaluation) Assessment

10.1	Failure to maximise income due to accurate data collection, especially in relation to Payment by results	5	3	15	Finance Plan in place Regular reviews of position by every 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 Financial & Performance Committee established Substantial Assurance	N/a	N/a	N/a
10.2	Base costs increase by a greater amount than identified in the Integrated business plan	3	3	9	Tight control through Executive Team, HMB Finance & Performance Committee	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 MPET funding Service level costing being implemented	Ensure financial implications of national policies are assessed, ongoing, Included in 5 year Integrated business plan Dir of Finance (GIA) High priority Continue roll-out of service level costing Dir of Finance (GIA) High priority

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10.3	Additional PCT demand management- including maternity activity projections are very successful	4	3	12	<p>Review of PCT performance against their CSPs</p> <p>Monitoring against risk assessed demand management assumptions in terms of actual activity</p>	<p>Activity monitored through the trust dashboard</p> <p>Development of SLR assists in monitoring activity against plan and quantifies loss in income.</p> <p>HMB and TB monitor progress on a monthly basis.</p> <p>Substantial Assurance</p>	N/a	N/a	N/a
10.4	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment	2	1	2	<p>Appraisal of staff skills KSF outlines agreed for all finance staff</p> <p>Appropriate training in place to meet PDP needs</p>	<p>Fitness for purpose review by KPMG</p> <p>Review External auditors review</p> <p>Substantial Assurance</p>	N/a	N/a	N/a

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10.5	Activity is lower than baseline assumption	4	2	8	Finance & activity reports to every HMB	TB reviews activity at every meeting Substantial Assurance	N/a	N/a	N/a
10.6	The business plan for the Trust is not robust and therefore not deliverable	4	2	8	BPCT develop plan and revise to enhance its robustness regularly. BPCT meets weekly. HMB agree Annual Plan	TB agreed Annual Plan SHA & Monitor reviews Annual Plan and provides feedback Substantial Assurance	Failure to adjust to external environment changes regularly	N/a	Business Planning core Group to continue to review Annual Plan to take account of external environment changes (GIC) Dir of Finance/Director of S&P High priority
10.7	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 Audit Report Substantial Assurance	Cash flow policy to be revised	N/a	Cash flow policy to be revised and agreed by TB March 2008 (GIC) Dir of Finance High priority
10.8	PCTs dispute non-PbR elements of SLA	3	3	9	Agreed protocol in place for query resolution	HMB & TB regularly monitor SLA/PCT/Trust monitoring meetings Substantial Assurance	Recording system needs to be more robust	N/a	Process of recording activity to be reviewed and improved GIC Dir of Ops/Dir of Finance High Priority

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	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						
10.9	Cost improvement and increased productivity programme is not achieved	5	3	15	Agreed CIP in place to achieve surplus	Finance team working with each director to identify progress against 08/09 CIP and schemes for 09/10 HMB & TB monitor progress at every meeting through dashboard Substantial Assurance	N/a	N/a	N/a
10.10	Failure to fill the capacity within the Day treatment centre	3	4	12	Activity plan in place Agreements with providers re repatriation of some activity Monitoring of market share growth in dashboard	Weekly assessment of activity against plan at the Executive Committee Monitoring by HMB & TB on monthly basis through the dashboard report Substantial Assurance	Some agreements with providers still in negotiation	N/a	Negotiations in relation to repatriation nearing completion (July 2008) Repatriation of other services and procedures being tested - ongoing (GIC)Dir of Primary Care/Dir of Ops High priority
10.11	Independent sector treatment centres reduce elective day care case demand	4	2	8	Market strategy in place PCTs have identified the conditions that they will be contracting with ISPs Assumptions for loss of activity modelled into IBP	HMB & TB monitor day case activity and market share through monthly dashboard report Substantial Assurance	N/a	N/a	N/a
10.12	Business systems are insufficiently developed	4	2	8	Business systems project plan for implementation ESR PID in place	ET monitor plan implementation National ESR Team monitoring local implementation ESR Board monitoring PID roll out	Business systems project plan to be developed	N/a	Project plan to be agreed Dir of Finance GIC medium priority

GIC Gap in Control
GIA Gap in Assurance

	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						
	to support Trust's FT requirements			8		Substantial assurance			
10.13	Failure to implement ESR effectively	4	2	8	Project plan for implementation	Project Board monitors PID ESR national Project Board monitors PID Substantial assurance	N/a	N/a	N/a
10.14	Failure to provide services within the tariffs set	5	3	15	Finance & activity reports to every HMB	TB reviews activity and financial information at every meeting Substantial assurance	N/a	N/a	<u>N/a</u>