

	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						

**The Whittington Hospital NHS Trust
Trust Assurance Framework revised October 2008**

1. To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes.

2008-09 Directorate objectives:

MD1, MD2, MD3, NU1, NU2, NU3, FA2, FA3, HR3, IN3, FD3, CE1

Healthcare Commission core standards:

C1 patient safety, C2 child protection, C3 NICE guidance, C4 reducing infections, C5 evidence based practice, C15 food & nutrition

1.1	Risk of poor clinical outcomes MD2	4	2	8	<p>Incident and SUI reporting well established and policy up to date.</p> <p>Departmental audit meetings review clinical outcomes regularly.</p> <p>Care pathways implemented and followed in appropriate settings</p> <p>Up to date information available to clinical and other staff via intranet and internet</p> <p>Risk management awareness and training</p>	<p>Dr Foster data used by clinical groups regularly</p> <p>Regular Clinical Governance Committee</p> <p>Trust Board May 2007, September 2007, January 2008, March 2008</p> <p>Dashboard Report to TB from March 2008</p> <p>Clinical audit programme mapped to national priorities</p> <p>Health commission standards being assessed</p> <p>Substantial Assurance</p>	Ref: SUI report on HIV and action plan	N/a	<p>SUI Action plan Director of Operations</p> <p>Director of Nursing and Clinical Development High priority</p>
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GIC Gap in Control
GIA Gap in Assurance

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1.2	Ensure the Trust meets the standards for safe-guarding children PP1	4	1	4	Laming recommendations fully implemented Child protection performance indicators met Child protection strategy completed	Child Protection Forum Reports to Clinical Governance Committee Child Protection Annual report: TB June 2008 Clinical Governance Committee Adequate records of child protection training in place CRB checks in place in line with "Safer recruitment" policy Trust Board April 2008 Health Commission core Standards assessment submitted Substantial assurance	N/a	N/a	N/a
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1.3	Shortage of staff in key areas to provide adequate clinical care HR2 HR3	4	2	8	Local management responsible for identifying if insufficient staff to relevant director/ HMB Early plans developed to address issues Establishment control system in place	Executive Committee monitors weekly utilisation of staff. HMB monitors quarterly Internal management review. SHA review regular reports e.g. on vacancies. Substantial Assurance	N/a	N/a	N/a
1.4	Failure to plan effectively to meet the requirements of a pandemic MD1 MD2	4	2	8	Detailed plan developed	Plan agreed by HMB and SHA Substantial Assurance	N/a	N/a	N/a
1.5	Failure to provide adequate decontamination services FA2	4	3	12	Operational protocols in place Monitoring of incidents Reduction in workload through SSD Staff training programme User group meetings	Part of Northwest London Joint Venture (NWLJV) project. Clinical governance steering group and TB review clinical incidents Decontamination Committee Infection Control Committee	Deep clean facility Medical equipment library	Timeline for remedy of gap in control	Actions required: Specification, design and tender for new HTM 2030 compliant equipment decontamination facility Progress: three HTM 2030 compliant washers have been identified as suitable for use. A specification and tender has been developed for their purchase and

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					<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>Annual systems and department audit</p> <p>Substantial Assurance</p>			<p>installation. Director of Facilities High priority</p> <p>Actions required: design construction and development of a medical equipment library. Progress: construction of the medical equipment library is complete. Recruitment of a manager and technical support is underway. The library is projected to open in April 2008. (GIC) Director of Facilities High priority Complete by April 2008</p>
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1.6	Inefficient systems for managing patient complaints PC2	3	2	6	Regular monitoring by HMB and Trust Board Meeting Healthcare Commission targets Weekly status report	Quarterly complaints report to HMB. Healthcare Commission core standards. Weekly/ monitoring at Executive Team No actions required from Healthcare Commission audit in Feb 07 Substantial Assurance	N/a	N/a	N/a
1.7	Failure by WFL and their facilities management service provider to deliver a safe and effective service to the GNB and new acute wing. CE2	5	3	15	Weekly operational meetings with JASL Monthly performance monitoring meetings with WFL Effective application of payment mechanism Robust performance management data from WFL Dedicated performance monitoring officer Planet FM operational database	Monthly performance report to Trust Board Monthly performance report to FPC Monthly Payment Mechanism monitoring meeting Weekly performance monitoring meeting (internal) Monthly liaison committee meetings Independent survey commissioned August 2008 Substantial assurance	N/a	Confirmation that PFU/DH standing behind the trust	TB has authorised project team to continue negotiations Lead PI High priority

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1.8	Trust exposure to PFI legal and statutory non-compliances that cannot be addressed through the payment mechanism CE2	5	5	25	Weekly operational meetings with JASL Monthly performance monitoring meetings with WFL Effective application of payment mechanism Robust performance management data from WFL Dedicated performance monitoring officer	Bi- monthly performance report to Trust Board Monthly performance report to FPC Monthly Payment Mechanism monitoring meeting Weekly performance monitoring meeting (internal) Monthly liaison committee meetings Legal opinion on options Independent survey commissioned August 2008 Limited Assurance	N/A	Legal opinion on options should such exposure arise	Due diligence complete. Action plan to be monitored with formal review Dec 2008 Actions required: legal opinion being obtained Oct 2008 Director of Facilities (GIA) High priority
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2. To improve our operational management to achieve resource efficiencies and continuous service improvement

2008-09 Directorate objectives:

OP1, OP2, OP3, ND1, FA1,FA2, FA3, HR2, HR2, IN1,IN2, PP1, FD , FD2, FD3, CE2

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

2.1	Meeting health core targets Moved from section 1 OP1 ND1	4	2	8	Service plans in place	EDIS (system) monitoring and control Performance monitoring –all HMB & TB meetings (internal and external) HMB All HMB meetings April 2007 to March 2008 Trust Board May 2007 to March 2008 Dashboard reports from March 2008 Quarterly reports Reports to NHS London Substantial Assurance	N/a	N/a	N/a
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2.2	Failure to meet the 18 week referral to treatment milestones OP1	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 Operations Weekly report to Executive Committee Weekly patient tracking lists submitted to DoH monitor performance against milestones Substantial Assurance	N/a	N/a	
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3. To deliver excellence in customer care, by being caring and responsive in every patient contact.

2008-09 Directorate objectives:

OP1, OP2, ND2, ND3, FA1,FA2 ,FA3, HR1, IN2,

Healthcare Commission core standards:

C13 dignity & respect, C14 complaints management, C15 food & nutrition, C16 patient information,

C17 patient feedback, C18 equality & choice

3.1	Failure to implement the Whittington service Promise ND2 ND3 PC2 FA1 FA3 MD1	4	3	12	HMB & TB reports on progress of implementation	HCC and local patient surveys Dashboard Report Substantial assurance	N/a	Fuller reporting to TB	Review of strategy & governance arrangements (Board paper Mar 08) Director of Primary Care, (GIA) High priority
3.2	Failure to attract patients due to Patient Choice OP2 ND1,ND2,ND3 PC1,PC2, PC3 FA1,FA3	5	2	10	HMB & TB reports on patient referrals, patient attendances and marketing and communications strategy	HCC and local patient surveys Every HMB/Trust Board Access reports, finance reports Updates on marketing plans to HMB Dashboard Report Substantial assurance	N/a	Fuller reporting to TB	Capture data as dashboard report (March 08) Review of marketing & communications strategy in light of FT status by April 08 Director of Primary Care (GIA) High priority

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4. Provide a sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate.

2008-09 Directorate objectives:

OP1, OP2, MD3, ND1, ND3, FA1, FA2, FA3, HR1, PP3

Healthcare Commission core standards:

C13 dignity & respect, C20 environment, C21 cleanliness

4.1	Insufficient investment in the physical environment FA1 PP3	3	4	12	Development Control Plan Estates strategy Robust capital programme based on business and estate needs	ERIC (Estates Return Information Consortium) returns Redevelopment Steering Group[Capital Monitoring Committee Limited Assurance	Inadequate capital resource	HCC report on maternity	Interim maternity scheme Director Ops Director of Planning/Performance High priority
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4.2	Failure to redevelop effectively the hospital site to accommodate future business requirements PP3	4	2	8	Development Control Plan Estates strategy Strategic Outline Case	Redevelopment Steering Group Trust Finance and Performance Committee Limited Assurance	SOC required	Insufficient evidence of affordability	Strategic Outline Case being prepared to be completed early 2009 Dir of Planning & Performance GIC High priority Medium priority
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GIA Gap in Assurance

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5. To position the Whittington as an integral part of the local community's health resource and the hospital of choice for local people.

2008-09 Directorate objectives:

MD3, ND1,ND3, PC1, PC2, PC3, IN2, PP1 ,PP2, PP3

Healthcare Commission core standards:

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

5.1	Failure to respond to changes to local population PC1 HR1	3	3	9	Single equality scheme reviewed by TB 7/08 Review Census data Access Public health data from PCTs	Hospital Equality & Diversity Steering Group reviews on quarterly basis. Included in Trust's Integrated Business Plan Benchmarking performance indicators required by PCT SHA DoH Substantial Assurance	N/a	N/a	N/a
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5.2	Adverse changes in strategic decisions of commissioners of services or changes in flow due to Patient Choice PC1 PP3	5	3	15	Business planning and LDP process Signed SLAs with commissioners SHA strategic planning SLA – Trust/PCT - monitoring meetings Primary Care Interface Group meetings	Regular CEO/PCT meetings bimonthly CEO regular liaison monthly TB review position regularly Substantial Assurance	a	Sign off by PCTs re polyclinics and Darzi	Whittington HfL grid sent to PCT Sept 08. Steering Group on urgent care. Pcts to be consulted on LTFM in Nov.
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5.3	Lack of public confidence could affect choice & demand PC1	5	2	10	Marketing strategy in place Whittington Promise	Regular local patient surveys and HCC surveys Regularly report to HMB & TB Substantial Assurance	Marketing Strategy and Whittington Promise not yet in place	Insufficient information from patient surveys	Customer Focused marketing strategy to be implemented. SH

6. To employ competent, motivated staff who place the interests of patients first

2008-09 Directorate objectives:

ND2, PC2, HR1, HR2, HR3, PP1, FD1

Healthcare Commission core standards:

C8 leadership & accountability, C10 employment, C11 education & development, C13 dignity & respect

6.1	Inability to recruit adequate skilled staff to deliver services HR1	4	3	12	Monitoring recruitment and retention rates by the HMB & TB quarterly HMB IWL Steering Group to review regularly	Achievement of Improving working lives practice plus validation 7/05 Awarded – Nursing Times Top 100 Employers + Times Top 50 Employers Where Women Want to Work Substantial assurance	N/a	Review staff attitude survey and agree action plan accordingly	HMB/TB to agree action plan based on staff attitude survey to be received 4/08 (GIA) Dir of HR & CA by 5/08 Completed Annual staff survey circulated for completion by staff 10/8 medium priority
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7. To be financially robust and achieve a surplus every year

2008-09 Directorate objectives:

OP1, OP2, OP3, MD3, ND1, PC1, PC2, PC3

ALE (Auditors and Local Evaluation) Assessment

7.1	Failure to maximise income due to accurate data collection, especially in relation to Payment by results IN1	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 External Audit and review of PbR coding quality Substantial Assurance	Data quality for Service Line Reporting	N/a	Action plans for CIP projects: Data capture and coding
7.2	Base costs increase by a greater amount than identified in the Integrated business plan FD2	4	3	12	Tight control through Executive Team, HMB Business Planning Group	TB monitor overall position every meeting PCTs performance management review monthly Substantial Assurance	N/a	Inability to control costs influenced by national policies, eg, inflation 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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7.3	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment FD1	3	1	3	Appraisal of staff skills KSF outlines agreed for all finance staff	KPMG review Substantial Assurance	E&Y due diligence Financial forecasting	N/a	Action plan arising from KPMG review to Trust Board
7.4	Cost improvement and increased productivity programme is not achieved FD2	5	3	15	Agreed CIP in place to achieve surplus	Exec Committee HMB & TB monitor at every meeting Substantial Assurance	N/a	CIP not yet on target	Director of Planning and Performance High Priority
7.5	Failure to fill the capacity within the Day treatment centre OP2	3	4	12	Activity plan in place Agreements with providers re repatriation of some activity Monitoring of market share growth in dashboard	Exec Committee Monitoring by HMB & TB regularly Substantial Assurance	Some agreements with providers still in negotiation	N/a	Negotiations to be concluded + ongoing Oct 08 (GIC)Dir of Primary Care/Dir of Ops High priority
7.6	Failure to provide services within the tariffs set through changes in tariff OP3 FD3	5	3	15	Finance & activity reports to every EC, HMB and TB	TB reviews activity and financial information at every meeting Substantial assurance	N/a	N/a	N/a

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7.7	Failure to achieve Foundation Trust status PP1 PP2	4	3	12	Project management arrangements PCT support SHA support Board Development	Project Board reports to Trust Board Seminar October Substantial assurance	N/a	N/a	Action plan in place to meet target resubmission date of 1 Dec. Led CEO High priority

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

2008-09 Directorate objectives:

OP2, OP3, MD3, ND1, ND3, PC1,PC2,PC3, IN2, PP2,PP3

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 PC1, PC2, PC3 FD3	5	2	10	Business planning and SLAs with commissioners Agreed strategic direction	Business Planning Group Regular CEO/PCT meetings bimonthly Substantial Assurance	N/a	N/a	N/a
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9. Reducing hospitalisation (admissions, attendances and length of stay)

2008-09 Directorate objectives:

OP2, OP3, MD1,MD3, ND1, ND3, PC1,PC2, PC3, PP3

Healthcare Commission core standards:

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

9.1	Failure to reduce rates of healthcare acquired infection ND1	4	3	12	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, August 2008 Reports to Infection Control Committee and Trust Board Substantial Assurance	Insufficient isolation facilities	Monitoring of action plan to DoH 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: Develop dedicated isolation facilities to match the identified demand both in the event of an outbreak and to allow appropriate day to day management of patients requiring isolation Time scale: establish needs through point prevalence survey August 2008 to March 2009. This will inform capacity plan. Lead: Director of Nursing and Clinical Development High Priority
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9.2	Failure to comply with the Code of practice for the Prevention & control of healthcare associated infections (Hygiene Code) ND1	4	3	12	Full compliance with the Hygiene Code (Health Act 2006)	Reports to Infection Control Committee and Trust Board substantial Assurance	N/a	N/a	N/a

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

2008-09 Directorate objectives:

MD2, ND2, PC2, HR1, FD1, CE2

Healthcare Commission core standards:

C11 Education & development, C12 research governance

10.1	Education funding is reduced FD2	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
10.2	Potential Change of policy by UCL medical school and Middlesex University FD2 CE1	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

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