

ITEM: 09/015

DOC: 14

**Meeting:** Trust Board  
**Date:** 21st January 2009

**Title:** Board Assurance Framework (BAF) update

**Executive Summary:** The BAF was last reviewed by the Trust Board in October 2008 following an exercise to ensure consistency between the operational Risk Register and the risks associated with individual directors' objectives mapped into the corporate objectives set out in the IBP. The final stage of integration was to map the risks identified in the updated IBP into the BAF, and add to the BAF any IBP risks which were not already incorporated.

This exercise resulted in the inclusion of three additional risks in the BAF relating to the impact on financial performance of:

1. HRG4 tariff structure and potential changes in the Market Forces Factor adversely affecting income;
2. Implementation of International Financial Reporting Standards (IFRS);
3. The potential changes to SIFT allocations in 2010/11

These risks are now recorded in the BAF under section 7 and the first two are red-rated. The "Risk Description" column of the BAF is now cross-referenced both to the relevant director objectives and to the list of 13 risks in Chapter 7 of the IBP. The risk register is cross-referenced to the BAF and this needs to be updated to reflect the latest changes to the BAF. It should be noted that whereas the Risk Register shows the impact/probability score both before and after mitigation, the BAF shows the net score after mitigation on the basis of controls and assurances in place.

At its January meeting, the Audit Committee reviewed the changes to the BAF from the previous version, including the identification of risks whose red, amber, green ratings had changed. Following detailed consideration and discussion at the Audit Committee, two additional corporate risks were identified for incorporation in the BAF. One of these, relating to the economic environment, is shown in section 7. The second risk, relating to the safeguarding of adults, needs to be analysed to ensure compliance not only with best practice but also with the amendment to the Mental Health Act which comes into force in April 2009. This risk will be added to the BAF for the final 2008-09 submission to the Board in March. Subject to this, the Audit Committee is able to recommend the BAF to the Board.

**Action:** The Trust Board is asked to note the changes to the BAF, review the controls and assurances in place. including any gaps in control,

**Report from:** Susan Sorensen  
Trust Corporate Secretary

<b>Sponsor:</b>	Anna Merrick Chairman of the Audit Committee
-----------------	---

<b>Financial Validation</b> Lead: Director of Finance	Name of finance officer N/a
--	--------------------------------

<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	<b>Reference:</b> FT application guidance
---	--

<b>Compliance with Healthcare Commission Core/Developmental Standards</b> Lead: Director of Nursing & Clinical Development	<b>Reference:</b> N/a
---	--------------------------

<b>Compliance with Auditors' Local Evaluation standards (ALE)</b> Lead: Director of Finance	<b>Reference:</b> N/a
--	--------------------------

<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b> Appendix C3
---	---

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 January 2009**

**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  Objective: 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><b>Substantial Assurance</b></p>		N/a	
-----	--	---	---	---	--	--	--	-----	--

	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						
1.2	<p>Failure to ensure that the Trust meets the standards for safeguarding children</p> <p>Objectives: MD1 MD2 ND2</p>	4	2	8	<p>Laming recommendations fully implemented</p> <p>Child protection performance indicators met</p> <p>Child protection strategy completed</p>	<p>Child Protection Forum Reports to Clinical Governance Committee</p> <p>Child Protection Annual report: TB June 2008</p> <p>Clinical Governance Committee</p> <p>Adequate records of child protection training in place</p> <p>CRB checks in place in line with "Safer recruitment" policy NHS London</p> <p>Assessment of Safeguarding Children competencies 2008</p> <p>Trust Board April 2008</p> <p>Health Commission core Standards assessment submitted</p> <p><b>Substantial assurance</b></p>	N/a	HCC is in the process of undertaking a review of four trusts in connection with the Baby P case.	<p>Implement any recommendations from the HCC review</p> <p>Director of Nursing and Clinical Development</p> <p>High Priority</p>
1.3	<p>Shortage of staff in key areas to provide adequate clinical care</p> <p>Objectives: HR2 HR3</p>	4	3	12	<p>Local management responsible for identifying if insufficient staff to relevant director/ HMB</p> <p>Early plans developed to address issues</p> <p>Establishment control system in place monitoring vacancies and agency usage</p>	<p>Executive Committee monitors weekly utilisation of staff.</p> <p>HMB monitors quarterly Internal management review.</p> <p>SHA review regular reports e.g. on vacancies.</p> <p><b>Substantial Assurance</b></p>	Local recruitment plans	N/a	<p>All directors to submit signed of recruitment plans to EC.</p> <p>Director of HR</p>

	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						

1.4	<p>Failure to plan effectively to meet the requirements of a pandemic</p> <p>Objective: MD1 MD2</p>	4	2	8	Detailed plan developed	<p>Plan agreed by HMB and SHA</p> <p><b>Substantial Assurance</b></p>	N/a	N/a	N/a
1.5	<p>Failure to provide adequate decontamination services</p> <p>Objective: FA2</p>	4	3	12 Green to amber	<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>Infection Control Committee</p> <p>Annual systems and department audit</p> <p><b>Substantial Assurance</b></p>	Deep clean facility, Eg washer	JAG Assessment	<p>Actions required: Washer to be installed January 2009, open from Feb 2009.</p> <p>Specification, design and tender for new HTM 2030 compliant 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.</p> <p>Endoscopy processing unit: OJEU Dec 2008 Design, spec, tender Jan to march 2009 Construction April 2009 Commission July 2009</p> <p>Director of Facilities <b>High priority</b></p>

	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						
1.6	Inefficient systems for managing patient complaints  Objective: 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 <b>Substantial Assurance</b>	N/a	N/a	N/a
1.7 + 1.8	Failure by WFL and their facilities management service provider to deliver a safe and effective service to the GNB and new acute wing, giving rise to Trust exposure to PFI legal and statutory non-compliances that cannot be addressed through the payment mechanism  Objective: 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/JASL Dedicated performance monitoring officer Planet FM operational database PPM condition B action plan from JASL Effective application of payment mechanism Dedicated performance monitoring officer	Monthly performance report to Trust Board  Monthly Payment Mechanism monitoring meeting  Weekly performance monitoring meeting (internal)  <b>Monthly liaison committee meetings</b>  <b>Independent survey commissioned August 2008</b>  <b>Substantial assurance</b>  Legal opinion on options	Automatic monthly performance monitoring meeting with WFL  Robust data from WFL	Financial viability of WFL/JASL  Follow up DDCA audit by Capitec        Legal opinion on options should such exposure arise	Reinforcement of tight monitoring  Due diligence complete. Action plan to be monitored with formal review Dec 2008  Lead Director of Facilities  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						

## 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 as set out in NHS operating framework Moved from section 1 Objective: OP1 ND1	4	3	12 Green to amber	Service plans in place  Establishment and recruitment strategy	EDIS (system) monitoring and control Performance monitoring –all HMB & TB meetings (internal and external) <b>HMB</b> All HMB meetings April 2007 to March 2008 <b>Trust Board</b> May 2007 to March 2008 Dashboard reports from March 2008 Quarterly reports Reports to NHS London <b>Substantial Assurance</b>	ED establishment under review	N/a	N/a
-----	---	---	---	----------------------	--	---	-------------------------------	-----	-----

2.2	Failure to meet the 18 week referral to treatment milestones  Objective: OP1  IBP risk - 10	4	2	8 Amber to green	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	N/a	N/a	
-----	--	---	---	---------------------	---	--	-----	-----	--

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						

					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 <b>Substantial Assurance</b>			
--	--	--	--	--	---	--	--	--

### 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 Objectives: ND2 ND3 PC2 FA1 FA3 MD1	4	3	12	HMB & TB reports on progress of implementation	HCC and local patient surveys  Dashboard Report  Reduction in complaints  <b>Limited assurance</b>	N/a	Fuller reporting to TB	Update customer focused marketing strategy Director of Primary Care  <b>High priority</b>
3.2	Failure to attract patients due to	5	2	10	HMB & TB reports on patient referrals, patient	HCC and local patient surveys Every HMB/Trust Board	N/a	Fuller reporting to TB	Capture data as dashboard report



	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						
	Patient Choice Objectives: OP2 ND1,ND2,ND3 PC1,PC2, PC3 FA1,FA3				attendances and marketing and communications strategy	Access reports, finance reports Updates on marketing plans to HMB Dashboard Report <b>Substantial assurance</b>			(March 08) Review of marketing & communications strategy in light of FT status by April 08 Director of Primary Care (GIA) <b>High priority</b>

#### 4. Provide a safe and 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 Objective: FA1 PP3	3	4	12	Development Control Plan  Estates strategy  Robust capital programme based on business and estate needs  IBP	ERIC (Estates Return Information Consortium) returns  Redevelopment Steering Group, Business Planning Group, Executive Committee Capital Monitoring Committee  All reporting to Trust Board  <b>Limited Assurance</b>		HCC report on maternity	Interim maternity scheme  Director Ops Director of Planning/Performance  High priority
4.2	Failure to redevelop	4	2	8	Development Control	Redevelopment		Insufficient evidence of	Strategic Outline Case

	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						
	effectively the hospital site to accommodate future business requirements  Objective: PP3			9	Plan Estates strategy Strategic Outline Case	Steering Group  Trust Finance and Performance Committee  <b>Limited Assurance</b>	SOC required	affordability	being prepared to be completed early 2009 Dir of Planning & Performance GIC <b>High priority</b>  Medium priority

**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  Objectives: 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 <b>Substantial Assurance</b>	N/a	N/a	N/a
5.2	Adverse changes in strategic decisions of commis-sioners of	5	3	15	Business planning and LDP process Signed SLAs with	Regular CEO/PCT meetings bimonthly CEO regular liaison	a	Sign off by PCTs re polyclinics and Darzi	Whittington HfL grid sent to PCT Sept 08. Steering Group on urgent care.

	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						
	services or changes in flow due to Patient Choice  Objectives: PC1 PP3  IBP risks – 3, 5				commissioners SHA strategic planning SLA – Trust/PCT - monitoring meetings Primary Care Interface Group meetings	monthly TB review position regularly <b>Substantial Assurance</b>			Pcts to be consulted on LTFM in Nov.
5.3	Lack of public confidence could affect choice & demand  Objective: PC1	5	2	10	Marketing strategy in place Whittington Promise	Regular local patient surveys and HCC surveys Regularly report to HMB & TB <b>Substantial Assurance</b>	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  Objective: 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  <b>Substantial assurance</b>	N/a	n/a	Implement action plan  Director of HR  <b>medium priority</b>
-----	--	---	---	----	---	---	-----	-----	---

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						

## 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  Objectives: IN1  IBP risk 7	3	5	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 <b>Substantial Assurance</b>	Data quality for Service Line Reporting  Completeness of data for unbundled activity and out-patients under HRG4	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  Objective: FD2  IBP risk – 7, 11	4	3	12	Tight control through Executive Team, HMB Business Planning Group	TB monitor overall position every meeting PCTs performance management review monthly <b>Substantial Assurance</b>	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) <b>High priority</b>  Continue roll-out of service level costing Dir of Finance (GIA) <b>High priority</b>
7.3	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment  Objective: FD1	3	1	3	Appraisal of staff skills KSF outlines agreed for all finance staff	KPMG review <b>Substantial Assurance</b>	n/a	N/a	n/a

	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						
7.4	Cost improvement and increased productivity programme is not achieved  Objectives: FD2 PP1  IBP risk - 1	5	2	10 Red to amber	Agreed CIP in place to achieve surplus	Exec Committee HMB & TB monitor at every meeting  <b>Substantial Assurance</b>	N/a	n/a	Director of Planning and Performance Director of Finance  High Priority
7.5	Failure to fill the capacity and planned case-mix within the Day treatment centre  Objective: OP2  IBP risk - 2	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 <b>Substantial Assurance</b>	n/a	N/a	<u>Maximise admission in specialities behind plan</u>  Dir of Ops <b>High priority</b>
7.6	Failure to provide services within the tariffs  Objectives: OP3 FD3  IBP risk - 4	4	3	12 Red to amber	Finance & activity reports to every EC, HMB and TB	TB reviews activity and financial information at every meeting <b>Substantial assurance</b>	N/a	N/a	<u>N/a</u>
7.7	Failure to achieve Foundation Trust status  Objective: PP1 PP2	4	3	12	Project management arrangements  PCT support  SHA support  Board Development	Project Board reports to Trust Board  TB Seminars October and December 2008  Substantial assurance	N/a	N/a	Action plan in place to meet target resubmission date of 1 Feb 2009  Lead CEO  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						
7.8	HRG 4 tariff and MFF changes produce lower income levels  Objective: FD2  IBP risk - 12	5	3	15	Understand effect and underlying mechanism for coding outcomes. Reflect in IBP and plan for sustained viability and service line contribution  Agreement with PCTs	Modelling undertaken and IBP reported to the TB and NHS London	Exact interpretation of rules not yet possible e.g. MFF on non tariff areas remains unclear. Scope to address a significant reduction requires testing  No agreement yet with PCTs  Outcome outside trust control		Reflect impact of HRG\$ in SLA proposals and IBP and evaluate impact upon risk rating.  Consider options for restoring viability if required.
7.9	International Financial Reporting Standards (IFRS) impact on balance sheet and I&E assuming no central support  Objective: FD2  IBP risk - 13	5	5	25	Evaluate impact of PFI and leases and submit for audit in accordance with DoH timetable.	Review by Audit and KPMG and internal checking of results for correctness. Report to Audit Cttee. Results of balance sheet and I&E impact reported to SHA.	Outcome will impact upon risk rating and will require recovery action that has yet to be identified.  Outcome outside trust control	Audit not yet undertaken and recovery action not yet identified.	Complete impact assessment and understand rationale for the outcome. Brief TB and AC. Notify balance sheet impact by 31/12/08 and I&E impact by 5/1/09.  Assess impact on risk rating and reflect in IBP.  Consider options for restoring viability.
7.10	SIFT allocation materially reduced from 2010/11  Objectives: not referenced  IBP risk - 6	4	3	12	Participate in SHA modelling exercise and validate data.	Report to TB	Outcome is mainly outside the control of the Trust.	None	Impact will be in 2010/11 with decision known during 2009/10. A transitional arrangement is expected which would cap gains and losses. Impact to be reflected when known and options for restoring viability may need to be identified.

	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						
7.11	Prolonged economic recession resulting in lower growth in allocations combined with higher morbidity  Objective: FD2	4	4	16	Contingency planning Partnership working with PCTs	Report to TB	Outcome outside the control of the trust	None	Economic horizon scanning Risk reflected in IBP Development of primary care marketing strategy  ongoing

## 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  Objectives: PC1, PC2, PC3 FD3 IBP risk - 8	5	2	10	Business planning and SLAs with commissioners Agreed strategic direction	Business Planning Group Regular CEO/PCT meetings bimonthly  <b>Substantial Assurance</b>	N/a	N/a	N/a
-----	--	---	---	----	---	---	-----	-----	-----

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						

### 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	<p>Failure to reduce rates of healthcare acquired infection</p> <p>Objective: ND1</p> <p>IBP risk - 9</p>	4	3	12	<p>Compliance with the Hygiene Code (Health Act 2006)</p> <p>Bed management policy</p>	<p>Report to HMB , TB Monitoring by SHA</p> <p>Healthcare Commission Standards 'Saving Lives' benchmarking audits in place</p> <p>Report by DoH team Nov 2007, August 2008</p> <p>Reports to Infection Control Committee and Trust Board</p> <p><b>Substantial Assurance</b></p>	Insufficient isolation facilities	Monitoring of action plan to DoH review by HMB & TB	<p>Implement regular reporting of action plan progress to HMB &amp; TB</p> <p>In place</p> <p>Dir of Nursing &amp; Clinical Development</p> <p><b>High priority</b></p> <p>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</p> <p>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</p>
9.2	Failure to comply with the Code of practice	4	3	12	Full compliance with the Hygiene Code (Health	Reports to Infection Control Committee and	N/a	N/a	N/a



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						
for the Prevention & control of healthcare associated infections (Hygiene Code)  Objective: ND1				Act 2006)	Trust Board <b>substantial Assurance</b>			

**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  Objective: FD2	3	4	12	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	TB reviews bimonthly ? HMB reviews monthly <b>Substantial Assurance</b>	Review SLAs	N/a	Review SLAs with SHA for funding support, Dir of Finance/CEO <b>High Priority</b>
10.2	Potential Change of policy by UCL medical school and Middlesex University  Objective: FD2 CE1	3	3	9	SLAs with medical school/ universities SLA with Postgraduate Deanery/ SHA	TB reviews regularly HMB reviews regularly SHA reviews regularly <b>Substantial Assurance</b>	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 <b>Medium Priority</b>