

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 April 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 then via Audit Committee from June 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>Patient safety first campaign action plan approved by board</p>	N/a	
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						March 2009 Substantial Assurance			
1.2	<p>Failure to ensure that the Trust meets the standards for safeguarding children</p> <p>Objectives: MD1 MD2 NU2</p>	4 3	2 3	8 9	<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</p> <p>NHS London Assessment of Safeguarding Children competencies 2008</p> <p>Trust Board April 2008</p> <p>Health Commission core Standards assessment submitted</p> <p>Substantial assurance</p>	<p>Not all children attending ED are checked against the list of child protection plans. Children are checked where there are concerns.</p>	<p>HCC is in the process of undertaking a review of four trusts in connection with the Baby P case, not yet published</p> <p>Also awaiting publication of the Haringey Serious Case Review</p>	<p>Implement any recommendations from the HCC review and any other reports</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>Executive Committee monitors weekly utilisation of staff.</p> <p>HMB monitors quarterly</p> <p>Internal management review.</p> <p>SHA review regular</p>	Local recruitment plans	N/a	<p>All directors General managers to submit recruitment plans to EC for hard to recruit areas e.g. ED ITU, Paeds and theatres</p>

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						reports e.g. on vacancies. Substantial Assurance			Director of HR
1.4	Failure to plan effectively to meet the requirements of a pandemic Objective: 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 Objective: FA2	4	3	12	Operational protocols in place Monitoring of incidents Reduction in workload through SSD Staff training programme User group meetings Use of 49-point survey to establish cleaning efficiency of ward based equipment Deep clean facility using HTM2030 compliant washer for all non-electrical ward based equipment (i.e. commodes) Medical Equipment Library to ensure that all electrical medical	Part of Northwest London Joint Venture (NWLJV) project. Clinical governance steering group and TB review clinical incidents Decontamination Committee Infection Control Committee Annual systems and department audit Substantial Assurance	Deep clean facility, Eg washer	JAG Assessment	Actions required: Washer to be installed open from Feb-April 2009. 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 installation. Endoscopy processing unit: ✓ OJEU Dec 2008 ✓ Design, spec, tender Jan to march 2009 ✓ Construction April 2009 Commission July 2009

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					devices are subject to regular cleaning using approved methods				Director of Facilities High priority
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 Substantial Assurance	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:	5 4	3	45 12 Red to amber	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	Monthly performance report to Trust Board Monthly Payment Mechanism monitoring meeting Weekly performance monitoring meeting (internal) Monthly liaison committee meetings Independent survey commissioned August	Automatic monthly performance monitoring meeting with WFL Robust data from WFL	Financial viability of WFL/JASL Follow up DDCA audit by Capitec	Reinforcement of tight monitoring Due diligence complete. Action plan to be monitored with formal review completed Dec 2008 and further review April 2009. Lead Director of Facilities High priority

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	CE2			12	PPM condition B action plan from JASL Effective application of payment mechanism Dedicated performance monitoring officer	2008 Substantial assurance Legal opinion on options		Legal opinion on options should such exposure arise	

2. To improve our operational management to achieve resource efficiencies and continuous service improvement

2008-09 Directorate objectives:

OP1, OP2, OP3, NU1, 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 NU1	4	3 2	12 8 Amber to Green	Service plans in place Establishment and recruitment strategy	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	ED establishment under review	N/a	N/a
2.2	Failure to meet the 18 week referral to treatment milestones	4	2 0	8 0	Whole trust action plan in place - weekly performance monitoring	Progress monitored by HMB and TB through Service Development	N/a	N/a	Achieved for 2008-09. Need to reassess risk for 2009-10

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	Objective: OP1 IBP risk - 10				against trajectory	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			

3. To deliver excellence in customer care, by being caring and responsive in every patient contact.

2008-09 Directorate objectives:

OP1, OP2, NU2, 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: NU2 NU3 PC2 FA1	4	3	12	HMB & TB reports on progress of implementation	HCC and local patient surveys Dashboard Report Reduction in complaints Limited assurance	N/a	Fuller evidence-based reporting to TB	Update customer focused marketing strategy - Done Implement communications strategy and data gathering systems Director of Primary Care
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	FA3 MD1								High priority
3.2	Failure to attract patients due to Patient Choice and ISTCs Objectives: OP2 NU1,NU2,NU3 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 And accurate market share information (data missing from other trusts) ISTC presence and capacity	Capture data as dashboard report (March 08) Review of marketing & communications strategy in light of FT status by April 08 Director of Primary Care High priority

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, NU1, NU3, 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	Estates Strategy due for update May 2009	Feedback awaited on effectiveness in response to the HCC report on maternity	Interim maternity scheme Director Ops Director of Planning/Performance High priority
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				8		Board Limited Assurance			
4.2	Failure to redevelop effectively the hospital site to accommodate future business requirements Objective: PP3	4	2 4	8 16 Green to amber	Development Control Plan Estates strategy Strategic Outline Case	Redevelopment Steering Group Limited Assurance	SOC required	Insufficient evidence of affordability and competing demands for space envelope	Strategic Outline Case Discussion document being prepared to be completed early for Trust Board April 2009 Dir of Planning & Performance High 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, NU1, NU3, 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 the structure of the 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	N/a	N/a	N/a
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						SHA DoH Substantial Assurance			
5.2	Adverse changes in strategic decisions of commissioners of services or changes in flow due to Patient Choice Objectives: PC1 PP3 IBP risks – 3, 5	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 SLA for 2009-10 signed end March 2009 Substantial Assurance	a	Sign off by PCTs re polyclinics and Darzi Uncertainty about Healthcare for London. Investment by PCT in independent sector contracts.	Steering Group on urgent care. Pets to be consulted on LTFM in Nov.
5.3	Reputation damage leads to loss of public confidence affecting choice & demand Objective: PC1	5	2	10	Whittington Promise Damage limitation strategy Reputation awareness and assessment	Regular local patient surveys and HCC surveys Regularly report to HMB & TB Systematic consideration of reputational aspects of all risks at EC Mitigations through actions and communications Substantial Assurance	Marketing Strategy and Whittington Promise not yet in place fully embedded	Insufficient information from patient-stakeholder surveys Updated Risk Management Strategy to include reputational risk	Customer Focused marketing and communications strategies to be implemented. Risk Management Strategy to Audit Committee May 2009. Director of Primary Care Director of Planning and Performance

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

2008-09 Directorate objectives:

NU2, 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 in dashboard 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 Improved scoring in staff attitude survey Substantial assurance	N/a	n/a	
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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 Objectives: IN1 IBP risk 7	3	5 4	15 12 Red to amber	Finance Plan in place Regular reviews of position by every HMB and TB SLAs in place with PCTs Project team and action plan in place to increase capture of activity	Internal Audits Peer review HMB monitors financial position monthly TB monitors financial position monthly External Audit and review of PbR coding quality	Data quality for Service Line Reporting Completeness of data for unbundled activity and out-patients under HRG4	N/a	Implement Action plans for CIP projects: Data capture and coding Director of Planning and Performance High priority
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						Late data entry report to project team Substantial Assurance			
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 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
7.3	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment Objective: FD1								
7.4	2008-09 Cost improvement and increased productivity programme is not achieved Objectives: FD2 PP1 IBP risk - 1	5	≥ 0	0 Red to Green	Agreed CIP in place to achieve surplus	Exec Committee HMB & TB monitor at every meeting Substantial Assurance	N/a	n/a	Director of Planning and Performance Director of Finance High Priority Reassess for 2009-10

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7.5	Failure to fill the capacity and planned case-mix within the Day treatment centre 2008-09 Objective: OP2 IBP risk - 2	3 2	4 5	12 15 15	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	n/a	N/a	Reassess for 2009-10 Dir of Ops High priority
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 Substantial assurance	N/a	N/a	<u>N/a</u>
7.7	Failure to achieve Foundation Trust status in 2009 Objective: PP1 PP2	4 2	3 5	12 10	Project management arrangements PCT support SHA support Board Development	Project Board reports to Trust Board TB Seminars October and December 2008 Substantial assurance			Action plan in place to meet target resubmission date of 4 Feb 2009 Reassess for 2009-10 Lead CEO High priority
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 SLAs agreed with Mff reduction offset by tariff increase elsewhere	SLA baseline agreed but not yet risk assessed with respect of population growth, demand management therefore planned income not yet known		Reassess for 2009-10 Director of Finance High priority

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7.9	International Financial Reporting Standards (IFRS) impact on balance sheet and I&E assuming no central support Objective: FD2 IBP risk - 13								DELETE AS NOW A CERTAINTY
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.
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

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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								DELETE – COVERED BY 7.7
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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 Objective: ND1 IBP risk - 9	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	Insufficient isolation facilities Achievement of 100% screening rates for all admissions and 100% suppression therapy for MRSA positive patients	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 High priority
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				12		<p>Report by DoH team Nov 2007, August 2008</p> <p>Reports to Infection Control Committee and Trust Board</p> <p>SUI Report</p> <p>Substantial Assurance</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.</p> <p>Implement actions from SUI report</p> <p>Lead: Director of Nursing and Clinical Development High Priority</p>
9.2	<p>Failure to comply with the Code of practice for the Prevention & control of healthcare associated infections (Hygiene Code)</p> <p>Objective: ND1</p>	4	3	12	Full compliance with the Hygiene Code (Health Act 2006)	<p>Reports to Infection Control Committee and Trust Board</p> <p>substantial Assurance</p>	N/a	N/a	N/a

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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 Duplication of 7.10 Objective: 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 High Priority
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 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 Medium Priority