

ITEM: 09/113
Doc: 10

Meeting: Trust Board
Date: 15th July 2009

Title: **Board Assurance Framework: interim revision**

Executive Summary: The last iteration of the Board Assurance Framework (BAF), relating to 2008/09 objectives, was received by the Trust Board in April 2009. Some of the risks in the BAF were removed or amalgamated, so at that time the BAF and the Risk Register were not fully aligned.

In their Audit of the BAF, Parkhill drew attention to this mismatch and also made a number of recommendations to bring the BAF into full compliance with the guidance.

To complete this work in time for the submission of an interim BAF for 2009/10 to the Trust Board in July the following steps were required:

1. Remapping directors' objectives into the BAF on the basis of the new 2009/10 objectives. The BAF is structured in terms of the ten corporate objectives which have not changed from 2008/09. The mapping of the directors' objectives into the corporate objectives is attached as Appendix 1. Note that this mapping differs from that presented to the May Trust Board following further review. It also includes mapping of the four "All Directors" objectives.
2. Cross referencing the risks identified in the BAF with the Annual Plan 2009/10, which updates the Integrated Business Plan 2008-09. This has been done, but it should be noted that the Annual Plan does not incorporate detailed paragraph references. This will be refined for the next iteration.
3. Checking that all key risks identified in the Annual Plan are adequately covered in the BAF and adding to the BAF where appropriate. Proposed additional risks are identified in red in the draft BAF.
4. Reviewing the scores of the risks in the BAF in the light of progress on action plans.
5. Reviewing the statements of controls and assurances and the gaps in controls and assurance, ensuring completeness.
6. Updating the action plans, ensuring all relevant data is included i.e. action, lead officer, timescale, whether the action is to address a gap in control or a gap in assurance and designating a priority.

The revised draft interim BAF is attached. New elements are in red, including recent changes submitted by directors as well as new risks identified from the Annual Plan. Risks proposed for deletion are also indicated.

Alongside this exercise, the migration of the risk register from its current database to the new Datix system is taking place in July. The BAF risks that are not already entered on the risk register will go into Datix and the cross-referencing between the BAF and the risk register will be updated. Both documents will be submitted to the September meeting of the Audit Committee.

- Action:** The Trust Board is asked to:
1. Note the mapping of directors' objectives into the corporate objectives and into individual risks within the BAF
 2. Review and approve any changes in the risk ratings since April
 3. Consider whether stable, green rated risks should be transferred to a separate list and reviewed less frequently e.g. annually
 4. Review the proposed deletions (shaded light green) and approve where appropriate
 5. Review the proposed additional risks and approve or amend the risk ratings and action plans
 6. Identify any additional requirements
 7. Adopt the draft BAF as work in progress

Report from: Susan Sorensen
Corporate Secretary

Sponsor: Fiona Elliott
Director of Planning and Performance

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

Integrated Governance Handbook

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

Internal control domain

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
Board Assurance Framework revised July 2009

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

2009-10 Directorate objectives:

OP1, OP2, MD1, MD2, MD3, NU1, NU2, NU3, PC3, FA1, HR1, HR2, IN3, IN4, PP3, AD1, AD3

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: MD1 NU1 AD3 AP 3.4.1	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 Reporting to Audit Committee since June 2008 bimonthly</p> <p>Dashboard Report to TB since March 2008 monthly</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 March 2009. Progress report to September board.</p> <p>Substantial Assurance</p>	None identified	None identified	
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		Impact	Likelihood						
1.2	<p>Failure to ensure that the Trust meets the standards for safeguarding children</p> <p>Objectives: HR2</p> <p>AP not referenced</p>	3	3	9	<p>Laming recommendations fully implemented</p> <p>Child protection performance indicators met</p> <p>Child protection strategy completed</p>	<p>Child Protection Committee Reports to Clinical Governance Committee</p> <p>Child Protection Annual report: TB June 2009</p> <p>Clinical Governance Committee 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>Health Commission core Standards assessment submitted</p> <p>CQC report into Baby P states "clear and robust child protection arrangements"</p> <p>Serious Case Review reports</p> <p>Substantial assurance</p>	<p>Not all children attending ED are checked against the list of child protection plans as required by NHS London.</p> <p>Children are checked where there are concerns.</p>		<p>Resolve issue of universal checks of children attending ED in discussion with NHS London</p> <p>GIC</p> <p>Director of Nursing and Clinical Development</p> <p>High Priority</p>

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1.3	Shortage of staff in key areas to provide adequate clinical care Objectives: OP1 HR2 AP 3.3.1	4	3	12	Local management responsible for identifying if insufficient staff to relevant director/ HMB Early plans developed to address issues	Executive Committee monitors weekly utilisation of staff. Internal management review. SHA review regular reports e.g. on vacancies. Substantial Assurance	Local recruitment plans N/A	N/a	General managers to submit recruitment plans to EC for hard to recruit areas e.g. ED ITU, Paeds and theatres GIC Timescale Director of HR High priority
1.4	Failure to plan effectively to meet the requirements of a pandemic Objective: OP1 AP reference to winter pressures 3.4.1	4	2	8	Detailed plan developed	Plan agreed by HMB and SHA Substantial Assurance	None identified	None identified	N/a
1.5	Failure to provide adequate decontamination services Objective: AD3 AP 3.3.1	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	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	Equipment washer operational from May 2009. Endoscopy processing unit equipment installation not yet quite complete	JAG Assessment not yet complete	Endoscope unit construction completed June 2009-06-30 Equipment installation commissioning and validation under way due to complete July 2009 GIC JAG assessment due to take place in August 2009 Director of Facilities

For directorate objectives see separate table
AP = Annual Plan 2009-10

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GIC = gap in control
GIA = gap in assurance

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					<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>Local implementation team working towards transition of services off site from 17 August 2009</p> <p>Substantial Assurance</p>			High priority
1.6	<p>Inefficient systems for managing patient complaints</p> <p>Objective: AD3</p> <p>AP not referenced</p>	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>	None identified	None identified	
1.7	<p>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</p>	4	3	12	<p>Weekly operational meetings with JASL</p> <p>Monthly performance monitoring meetings with WFL</p> <p>Effective application of payment mechanism</p>	<p>Monthly performance report to Trust Board</p> <p>Monthly Payment Mechanism monitoring meeting</p> <p>Weekly performance</p>	Robust data from WFL	Financial viability of WFL/JASL	<p>Capitec DDCA process completed and follow-up audit report received June 2009. Indications are that there are no issues remaining as unresolved. Formal report to AC September 2009.</p>

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	<p>and statutory non-compliances that cannot be addressed through the payment mechanism</p> <p>Objective: not referenced</p> <p>AP 3.3.1</p>				<p>Robust performance management data from WFL/JASL</p> <p>Dedicated performance monitoring officer</p> <p>Planet FM operational database</p> <p>PPM condition B action plan from JASL</p> <p>Effective application of payment mechanism</p> <p>Dedicated performance monitoring officer</p>	<p>monitoring meeting (internal)</p> <p>Monthly liaison committee meetings (or as often as required)</p> <p>Independent survey commissioned August 2008</p> <p>Legal opinion on options</p> <p>Substantial assurance</p>		<p>Legal opinion on options should such exposure arise</p>	<p>GIC</p> <p>Lead Director of Facilities</p> <p>High priority</p>

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

2009/10 Directorate objectives:

OP1, OP2, OP3, MD1, MD2, MD3, NU1, NU2, NU3, PC1, PC2, PC3, FA1, FA2, HR1, HR2, HR3, IN1, IN2, IN3, IN4, PP1, PP2, PP3, FD1, FD2, FD3, AD1, AD3, AD4

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	<p>Failure to meet health core targets as set out in NHS operating framework with the possibility of financial penalties</p> <p>Moved from section 1</p> <p>Objective: OP1, OP2 MD2 NU1, NU2 AD1, AD3</p> <p>AP 3.4.1</p>	4	3	12	<p>Service plans in place</p> <p>Establishment and recruitment strategy</p>	<p>EDIS (system) monitoring and control</p> <p>Performance monitoring –all HMB & TB meetings (internal and external) from April 2008 to present</p> <p>Dashboard reports from March 2008 to present</p> <p>Quarterly reports to NHS London</p> <p>Substantial Assurance</p>	None identified	<p>Action Plan agreed and signed off by senior management and clinical team.</p> <p>Daily meetings to review breaches and address causes</p> <p>GIA</p> <p>Director of Operations</p> <p>High priority</p>
2.2	<p>Failure to meet the 18 week referral to treatment milestones</p> <p>Objective: OP1, OP2, OP3 MD3 AD3</p>	4	2	8	<p>Whole trust action plan in place - weekly performance monitoring against trajectory</p>	<p>Progress monitored by HMB and TB through Service Development Update Report Steering Group which includes PCT membership</p> <p>Reports to SHA/DoH</p> <p>18 week steering group</p>	None identified	<p>Follow-up internal audit</p> <p>Recommendations of internal audit report being implemented in accordance with agreed timescales</p> <p>Director of Operations</p>

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		Impact	Likelihood						
	AP 3.3.1, 3.4.1					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			
2.3	Failure to maintain business continuity due to capacity constraints arising from overwhelming demand.	4	2	8	Capacity escalation plan updated Major incident plan updated	Strategic capacity plans formatted and signed off by HMB	None identified	None identified	
2.4	Failure of data security (loss or breach of confidentiality) leading to potential civil or criminal action and damage to reputation	4	3	12	Encryption across all portable media Up to date IT Security policy and mandatory training for all staff	Encryption in place for all Trust laptops. Up to date IT Security policy in place and mandatory training for all staff from Sept 2009. Now included in mandatory training for all new starter and all clinical staff.	No encryption yet for USB memory sticks and CD burning as CfH data loss protection software does not function properly. A further procurement by CfH to address this has now happened and the new software is being installed and tested		Complete install and testing – July 09 Pilot and begin roll out – Sept 09 Complete roll out Dec 09 Begin mandatory training for all staff – Sept 2009

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

2009/10 Directorate objectives:

OP1, OP2, NU2, NU3, PC1, PC2, PC3, FA1, FA2, FA3, HR1, IN1, IN3, IN4, AD1, AD3

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: OP2 NU2 PC1, PC3 FA1, FA2, FA3 AD1, AD3 AP not referenced	4	3	12	HMB & TB reports on progress of implementation	HCC and local patient surveys Dashboard Report Reduction in complaints Limited assurance	None identified	Fuller evidence-based reporting to TB	Implement communications strategy and data gathering systems Director of Primary Care High priority
3.2	Failure to attract patients due to Patient Choice and ISTCs Objectives: OP2 NU2, NU3 PC1, PC2, PC3 FA1, FA2, FA3 AD1, AD2, AD3 AP 3.3.1	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	None identified	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. Director of Primary Care 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
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3.3	Service quality compromised through reactive cost reduction	4	3	12	Dashboard reports to Trust Board, Hospital Management Board and Divisional Boards on performance against the key performance indicators in the clinical quality, patient experience, access and targets and workforce domains. Reports from Clinical governance committee to Audit committee	SMR HCC and local patient surveys Staff survey results Complaints reports HAI rates Risk register review of risk action plan Board assurance framework review of risk Target performance Substantial assurance	None identified	None identified	

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

2009/10 Directorate objectives:

OP2, OP3, MD1, MD2, MD3, NU1, PC3, FA1, HR1, PP4

Healthcare Commission core standards:

C13 dignity & respect, C20 environment, C21 cleanliness

4.1	Insufficient investment in the physical environment Objective: PP1, PP4 AD1, AD2 AP 3.3.1	3	4	12	Development Control Plan Estates strategy Robust capital programme based on business and estate needs Annual plan	ERIC (Estates Return Information Consortium) returns Business Planning Group, Capital Monitoring Committee Reporting to Trust Board via Executive Committee Limited Assurance	Updated estate strategy not yet (due July Trust Board)	Feedback awaited on effectiveness in response to the HCC report on maternity	Estate Strategy update to July TB GIC Lead: Director of Facilities Interim maternity scheme GIA Director Ops Director of Planning/Performance Timescale for report not yet known High priority
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		Impact	Likelihood						
4.2	<p>Failure to redevelop effectively the hospital site to accommodate future business requirements</p> <p>Objective: PP1 AD2, AD3, AD4</p> <p>AP 3.3.1</p>	4	4	16	<p>Development Control Plan</p> <p>Estates strategy</p> <p>Strategic Outline Case</p>	Limited Assurance	<p>Updated Estates Strategy not yet approved – to July trust board</p>	<p>Insufficient evidence of affordability and competing demands for space envelope</p> <p>Uncertainty re future reconfiguration of services in NCL</p>	<p>Complete Estates Strategy for July TB</p> <p>GIC</p> <p>Lead: Director of Facilities</p> <p>High priority</p> <p>Future requirements dependent on outcome of NCL reconfiguration plans</p> <p>GIA Lead: CEO</p>

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

2009/10 Directorate objectives:

MD2, PC1, PC2, PC3, FA3, IN3, IN4, AD2, AD3

Healthcare Commission core standards:

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

5.1	<p>Failure to respond to changes to the structure of the local population</p> <p>Objectives: PC1 HR1 AD2</p> <p>AP not referenced</p>	3	3	9	<p>Single equality scheme reviewed by TB 7/08</p> <p>Review Census data</p> <p>Access Public health data from PCTs</p>	<p>Hospital Equality & Diversity Steering Group reviews on quarterly basis. Included in Trust's Annual Plan</p> <p>Benchmarking performance indicators required by PCT</p> <p>SHA</p> <p>DoH</p> <p>Substantial Assurance</p>	None identified	None identified	
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		Impact	Likelihood						
5.2	Adverse changes in strategic decisions of commissioners of services Objectives: PC1, PC2, PC3 PP1 AD2 AP 3.3.1	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		Uncertainty about Healthcare for London. Investment by PCT in independent sector contracts (ISC)	PCT will roll up decision on urgent care provision following closed consultation with the strategic review and development of the emergent polsystem model – Oct 2009 Discussions ongoing through the SLA monitoring process on the use of ISC by the PCTs GIA Director of Planning and Performance
5.3	Reputation damage leads to loss of public confidence affecting choice & demand Objective: PC1 AD1,AD2, AD3 AP not referenced	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	Whittington Promise not yet fully embedded	Insufficient information from stakeholder surveys Updated Risk Management Strategy to include reputational risk	Customer Focused marketing and communications strategies to be implemented being implemented. Ongoing Director of Primary Care Director of Planning and Performance Medium 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
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6. To employ competent, motivated staff who place the interests of patients first

2009/10 Directorate objectives:

OP3, MD1,MD3, NU1, NU2, NU3, PC1,PC2,PC3, FA1,FA2 HR1, HR2, HR3, IN1, PP2, PP3, FD2, FD3, AD1, AD2, AD3

Healthcare Commission core standards:

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

6.1	Inability to recruit adequate skilled staff and develop staff competencies sufficient to deliver services and meet quality objectives Objective: HR1 AD1 AP 3.3.1	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 Awarded – Nursing Times Top 100 Employers + Times Top 50 Employers Where Women Want to Work Improved scoring in staff attitude survey Establishment of education and development strategy group Substantial assurance	None identified	Follow up internal audit	Recommendations of internal audit HR training review now implemented in accordance with agreed timescales Implement Education and Development Strategy via steering group Implement recommendations of Education Review July 2009 GIA Director of HR 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						

7. To be financially robust and achieve a surplus every year

2009/10 Directorate objectives:

OP1, OP2, OP3, MD3, NU1, PC1, PC2, PC3, HR1, HR3, IN2, PP1, PP2, PP4, PP5, FD1, FD2, FD3

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: IN2 AD4 AP 3.1.1, 3.3.1	3	4	12	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 Late data entry report to project team Substantial Assurance	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
7.2	Base costs increase by a greater amount than identified in the annual plan Objective: PP3 FD2, FD3 AD4 AP 3.1.1	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 annual plan Dir of Finance (GIA) High priority Continue roll-out of service level costing Dir of Planning & Performance (GIA)High priority
7.3	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment Objective:								Recommend deletion

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7.4	<p>2009-10 Cost improvement and increased productivity programme is not achieved</p> <p>Objectives: OP1, OP3 MD3 HR1, HR3 IN2 AD3, AD4</p> <p>AP 3.1.1</p>	4	3	12	CIP schemes in place to achieve breakeven	<p>Exec Committee HMB & TB monitor at every meeting</p> <p>Weekly meetings by Directors with CEO to examine in detail performance against each scheme</p> <p>Efficient services collaborative established to support the work in the Directorates to ensure delivery and risk assessment</p> <p>Dedicated finance manager to monitor actual release of savings from budgets</p> <p>Limited Assurance</p>	n/a	<p>There remains a sum of £710K CIP for which schemes for delivery are to be developed.</p>	<p>Action plans underway to reduce spend in top ten overspending areas</p> <p>Vacancies reviewed to determine whether the posts can be removed</p> <p>Underspending budgets reviewed with a view to holding underspends centrally and/or remove budget</p> <p>Exec committee to review progress against CIP in detail on 14 July to determine whether headcount reduction required</p> <p>Director of Finance Director of Planning and Performance High Priority</p>
7.5	<p>Failure to fill the capacity and planned case-mix within the Day treatment centre 2009/10</p> <p>Objective: OP2 PC1, PC2 AD4</p> <p>AP not referenced</p>	4	2	8	<p>Activity plan in place</p> <p>Agreements with providers re repatriation of some activity</p> <p>Monitoring of market share growth in dashboard</p>	<p>Exec Committee Monitoring by HMB & TB regularly</p> <p>Substantial Assurance</p>	n/a	N/a	<p>Dir of Ops High priority</p>

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7.6	<p>Failure to provide services within the tariffs</p> <p>Objectives: OP2, OP3 HR1, HR3 PP3 FD2 AD4</p> <p>AP 3.1.1</p>	4	3	12 Red to amber	<p>Finance & activity reports to every EC, HMB and TB</p>	<p>TB reviews activity and financial information at every meeting</p> <p>Substantial assurance</p>	N/a	N/a	N/a
7.7	<p>Failure to achieve Foundation Trust status in 2010</p> <p>Objective: PP1 PP2</p>	4	5	20	<p>Project management arrangements</p> <p>PCT support</p> <p>SHA support</p> <p>Board Development</p>	<p>Trust actively involved in the E&Y review on behalf of the Acute commissioning agency of the services configuration for NCL.</p> <p>Trust working with RFH to review healthcare needs for the total catchment population to determine how HfL could be implemented and deliver cost reductions in the challenged economic climate.</p> <p>Limited assurance</p>		<p>Organisation not in a position currently to progress FT application</p>	<p>Future dependent on outcome of NCL reconfiguration plans</p> <p>GIA Lead: CEO</p> <p>High priority</p>
7.8	<p>HRG 4 tariff and MFF changes produce lower income levels</p>	5	3	15	<p>Understand effect and underlying mechanism for coding outcomes. Reflect in IBP and plan</p>	<p>Modelling undertaken and IBP reported to the TB and NHS London SLAs agreed with Mff</p>	<p>SLA baseline agreed but not yet risk assessed with respect of population growth,</p>		<p>Recommend deletion – now a certainty</p> <p>Director of Finance</p>

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	Objective: not referenced AP 3.3.1				for sustained viability and service line contribution Agreement with PCTs	reduction offset by tariff increase elsewhere	demand management therefore planned income not yet known		High priority
7.9	International Financial Reporting Standards (IFRS) impact on balance sheet and I&E assuming no central support Objective: FD2								Recommend deletion – now a certainty
7.10	SIFT allocation materially reduced from 2010/11 Objectives: AD4 AP 3.3.1	4	3	12	Participate in SHA modelling exercise and validate data.	Report to TB	Outcome is mainly outside the control of the Trust.	None identified	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: PP1 FD3 AD2,AD4 AP 3.3.1	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

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						

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

2009/10 Directorate objectives:

OP2, NU1, PC1,PC2,PC3, FA3,IN1, IN3, IN4, PP1,

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 AD2,AD3, AD4 AP not explicitly referenced but covered in 3.3.1								Recommend deletion – covered by 7.7
8.2	Failure to agree a sustainable solution for the provider landscape – and breakdown in collaboration across organisational boundaries	4	3	12	Clinically and financially sustainable organisations within a reconfigured NCL health economy meeting the needs of the population and implementing the HfL strategy	Trust actively involved in the E&Y review on behalf of the Acute commissioning agency of the services configuration for NCL. Trust working with RFH to review the acute healthcare needs for the total catchment population to determine how HfL could be implemented and deliver cost reductions in the challenged economic		CEO and Chairman actively involved in strategic working groups at NHS London and meeting with peers within NCL to inform Acute Commissioning Agency planning	Future dependent on outcome of NCL reconfiguration plans GIA Lead: CEO High priority

For directorate objectives see separate table
AP = Annual Plan 2009-10

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GIC = gap in control
GIA = gap in assurance

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						

					climate. Trust approaching the Autonomous Provider Organisations to undertake a review of the potential for increased collaboration across the primary secondary care interface which meets local needs and achieves clinical quality and efficiency and cost reduction Limited assurance			
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9. Reducing hospitalisation (admissions, attendances and length of stay)

2009/10 Directorate objectives: OP1, OP2, OP3, MD1,MD2, NU1, PC3, FA1, IN4,PP1, PP2, AD3, AD4

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: NU1 AP 3.3.1, 3.4.1	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 SUI Report	Insufficient isolation facilities Achievement of 100% screening rates for all admissions and 100% suppression therapy for MRSA positive patients		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. This has informed the
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For directorate objectives see separate table
AP = Annual Plan 2009-10

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GIC = gap in control
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	Principal Risk Description	Risk Level		Over-all Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
		Impact	Likelihood						
				12		Substantial Assurance			<p>development works for the refurbished wards.</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: NU1</p> <p>AP 3.4.1</p>	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

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

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

2009/10 Directorate objectives:

MD1, MD2, NU3, HR2, PP1, FD1, AD1, AD2

Healthcare Commission core standards:

C11 Education & development, C12 research governance

10.1	Education funding is reduced Objective: FD2 AP 3.3.1	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 Recommend deletion as duplication with 7.10 High Priority
10.2	Potential change of policy by UCL medical school and Middlesex University Remove Middx as very low risk Objective:	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 university	Annual review and agree policy with UCL, Middlesex University and SHA, CEO/ Medical Dir/ Dir of Nursing & CD Medium Priority

2009/10 Directors' objectives mapped into corporate objectives

The cells marked with a √ indicate where the directors' objectives for 2009-10 contribute to the achievement of one or more of the ten corporate objectives	Reference for cross-reference to BAF	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable physical environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Director of Operations (OP)											
Map capacity to demand in the delivery of clinical services that are cost effective	OP1	√	√	√				√		√	
Improve the support systems and structures underpinning clinical services to improve the patient experience and utilise capacity efficiently	OP2	√	√	√	√			√	√	√	
Improve the productivity of elective and non elective clinical services	OP3		√		√		√	√		√	
Medical Director (MD)											
Plan first year of implementation of patient safety campaign	MD1	√	√		√		√		√	√	√
Secure improvement in external measures of clinical outcomes	MD2	√	√		√	√				√	√
Through job planning benchmark consultant productivity to ensure maximum utilisation of DCCs and appropriate use of SPAs	MD3	√	√		√		√	√			
Director of Nursing and Clinical Development (NU)											

The cells marked with a ✓ indicate where the directors' objectives for 2009-10 contribute to the achievement of one or more of the ten corporate objectives	Reference for cross-reference to BAF	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable physical environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Reduce HCAI rates across the hospital to a maximum stated in the plan agreed with NHS London	NU1	✓	✓		✓		✓	✓	✓	✓	✓
Improve the quality of nursing care on the wards to increase patient satisfaction scores in this years survey	NU2	✓	✓	✓			✓		✓		✓
Ensure all wards have commenced the productive ward programme and improve direct care time to minimum of 50% on wards that have completed foundation modules.	NU3	✓	✓	✓			✓	✓	✓		✓
Director of Primary Care (PC)											
To continue implementation of customer focused marketing strategy	PC1		✓	✓		✓	✓	✓	✓		✓
Maintain and increase market share of referrals to the Whittington from the 2008/09 baseline	PC2		✓	✓		✓	✓	✓	✓		✓
To work across the primary care interface delivering key projects	PC3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	Reference for cross-reference to BAF	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable physical environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
Director of Facilities (FA)											
Improve the average scores for cleanliness to 95% within the Hospital as a whole	FA1	√	√	√	√		√			√	
Provide patients with high quality meals and an enhanced dining experience as measured through internal patient surveys and improve against the 2008/09 in-patient scores	FA2		√	√			√				√
Work with the Council of Governors to improve patient experience of ease of access throughout the Trust and demonstrate improvement through assurance reports from the CoG	FA3			√		√			√		√
Director of Human Resources (HR)											
Contribute to the reduction of agency costs	HR1	√	√	√			√	√			√
Enhance the benefit of appraisal by ensuring that all staff have an agreed PDP for 2009/10	HR2	√	√	√			√				√
Reduce sickness absence	HR3		√				√	√			√

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IM&T consultant (IN)											
Ensure the Trust complies with all aspects of information governance	IN1		√	√			√		√		√
Develop electronic systems to ensure timely data capture, input and coding and monitoring of the above to protect income in condensed timescales	IN2		√					√	√		
Make all communications electronic with Islington and Haringey GPs using EMIS	IN3	√	√	√	√	√			√		
Enable the electronic transfer of discharge letters to all patients and patients and GPs	IN4	√	√	√	√	√			√	√	
Director of Planning and Performance (PP)											
Support the Chairman and CEO in the review of the Trust's strategic plan which inputs into the Provider Landscape Review for NCL	PP1		√		√	√		√	√		

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Director of Planning and Performance											
Develop extended productivity dashboard to enable performance management for divisions	PP2		√				√	√	√	√	√
Develop infection control dashboard	PP3	√	√				√			√	√
Implement service line management, at least in pilot areas and extend roll out throughout Trust by year end	PP4							√			
Improve patient experience in relation to single sex accommodation as measured in the in-patient survey for 2009/10	PP5				√			√	√	√	
Director of Finance (FD)											
Produce long term financial model for the organisation based on the revised annual plan, the long term implications of HRG4 and MFF and factor potential risks associated with changes to the provider landscape and implementation of HfL	FD1		√					√			√
Ensure robust financial systems are in place to ensure the implementation of SLM	FD2		√				√	√			√
Ensure robust financial systems are in place to monitor budgetary performance at divisional and directorate level and improve forecasting function based on lessons learned in previous year	FD3		√				√	√			√

	Reference for cross-reference to BAF	Delivering high standards of clinical care	Operationally excellent	Exhibiting high standards of customer care	Providing a suitable physical environment for care	An integral part of the local health community's health resource	Employing competent motivated staff	Financially robust	Collaborating with other agencies	Reducing hospitalisation	Undertaking education and research
All Directors (AD)											
Spend at least half a day per fortnight undertaking visible leadership	AD1	√	√	√	√		√				√
Determine the future strategic direction of the Whittington	AD2				√	√	√	√	√		√
Promote delivery of the Whittington promise through role modelling ensuring recruitment for attitude and staff appraisal	AD3	√	√	√		√	√		√	√	√
Fully deliver cost improvement plans and performance manage budgets to deliver within control totals	AD4		√					√	√	√	