

The Whittington Hospital NHS Trust
Becoming an Integrated Care Organisation from 1st April 2011
Board Assurance Framework 2010-13

1. Contribute to the improvement of the community's health through the delivery of high quality, safe and patient-focussed integrated care in an appropriate environment, ensuring the best possible patient experience

	Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in Controls	Gaps in Assurances	Actions required/Time scale and Lead Officer/ Progress
		Impact	Likelihood						
1.1	Failure to improve the patient experience in both acute and community services	4	3	12	Visible leadership initiatives Staff appraisal and development Incident reporting system Trust's capability and disciplinary policy	Patient Safety Committee Patient Experience Steering Group (PESG) CQC and local patient surveys Dashboard Report Reduction in complaints Limited assurance		Fuller evidence-based reporting to TB via Audit Committee	Develop evidence based reporting GIA Director of Nursing and CD High priority
1.2	Failure to develop and embed a quality strategy for the integrated care organisation	4	3	12	Integrated quality strategy Quality Account and action plan Staff training & development	CQC registration CQUIN Patient Safety Reports to TB Quality Strategy updates to TB Dashboard Reports on complaints and litigation Substantial Assurance	Individual strands of quality agenda not yet drawn together into an integrated quality strategy	Not yet tested against quality element of Monitor's new compliance framework (target score 4)	Develop integrated quality strategy and draw up action plan to ensure compliance with Monitor requirements GIC GIA Medical Director/Director of Nursing and Clinical Development TB seminar June 2011 Approved strategy September 2011 High priority
1.3	Failure to invest in capital replacement and new technology (facilities,	4	4	16	5 year capital investment plan based on business and estate needs Estates strategy Compliance with legal	Capital Monitoring Committee reporting to board. ERIC (Estates Return Information Consortium) returns	Insufficient availability of capital funds to undertake major capital	Uncertainty about long term viability of Asteral (managed	Maternity strategy to be completed for service development from 2012/13 onwards Paper to March 2011

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	equipment and IT) for the provision of acute services				<p>requirement re H&S and DDA</p> <p>Annual medical equipment plan approved by the Medical Devices Group</p> <p>Joint investment committee (trust and MES provider) for imaging equipment</p> <p>Robust process for evaluating business cases</p> <p>Sufficient financial resources</p>	<p>Business Planning Group</p> <p>Stable and financially viable project company responsible for PFI buildings</p> <p>Financially viable Managed Equipment Service provider for imaging</p> <p>Centralised medical equipment asset register identifying all medical and laboratory equipment and expected replacement dates</p> <p>Reports to Clinical Governance Committee</p> <p>Substantial assurance</p>	development	equipment service provider)	<p>Trust Board</p> <p>Director of Planning & Performance</p> <p>High priority</p> <p>Pursue investigation of Asterol's financial position</p> <p>GIA</p> <p>Director of Finance</p> <p>Continue discussions with WFL</p>
1.4	Inadequate communications between elements of integrated or collaborative services leading to reduction in quality or safety.	4	3	12	<p>Patient safety governance structures</p> <p>Standard operating procedures</p> <p>Regular service meetings</p> <p>Staff PDP, training and appraisal</p>	<p>Clinical governance reports</p> <p>Clinical Audit reports</p> <p>Complaints and litigation reports</p> <p>Incident reports</p>	Lack of clarity in governance arrangements in specific services	Absence of reports or evidence of scrutiny	<p>Implementation of SUI action plans (urology, diabetic retinal screening)</p> <p>Ongoing monitoring by Patient Safety Committee and quarterly update report to trust Board</p> <p>GIC</p> <p>Director of Operations</p> <p>Hospital wide review of management of integrated and collaborative services</p> <p>GIA</p> <p>Medical Director and Director of Nursing</p>

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1.5	Failure to secure flexibility in the use of community assets within the ICO model	4	4	16	Negotiation of the Business Transfer Agreement	Business transfer agreement Adequate documentation of tenure	Negotiations have not yet started	Agreement not yet reached	Review of resources required to undertake asset review Expert legal/financial property advise to be procured GIA GIC High Priority By Mid March 2011 Director of Facilities
1.6	Business Transfer Agreement or CHS contract price does not cover the costs of maintenance and renewal of community assets	4	3	15	Negotiation of the Business Transfer Agreement or CHS contract	Business transfer agreement or CHS contract Adequate documentation of tenure	Negotiations have not yet started	Agreement not yet reached	Review of resources required to undertake asset review Expert legal/financial property advise to be procured GIA GIC High Priority By Mid March 2011 Director of Facilities

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2. Develop a business model for the ICO model taking account where appropriate of inter-organisational relationships and partnerships.

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2.1	Failure to agree the terms of the Business Transfer Agreement	5	3	15	Adequate negotiating team and properly established project team and programme work plan Funding formula compliant contact approved by TB	Legal input Compliance with TB approved funding formula	Late availability and/or inadequacy of information for some elements Provider Alliance already in negotiations for 2011/12 contract separate to Acute Trust	Negotiations in very early stages	Joint negotiations between Whitt, Provider Alliance and Commissioners High Priority By Mid March 2011 Director of Primary Care BTA by 31/3/11
2.2	Failure to develop and implement a service model consistent with the ICO vision	5	2	10	Properly constituted project management team Staff appraisal and PDPs	Report to HMB and Trust Board	Project management arrangements not yet finalised	Project not yet commenced	Project team and plan to be developed. GIC and GIA High Priority Director of Primary Care Director of Operations Autumn 2011
2.3	Early market testing by PCT or GP commissioners of components of the ICO service	4	3	12	Restriction on market tested included in BTA	Compliance monitoring of BTA	BTA not yet negotiated	BTA not yet negotiated	Secure appropriated resources for concluding BTA negotiations GIC and GIA High Priority Director of Primary Care

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3. Prepare for the pursuit of a successful application for Foundation Trust status

	Principal Risk Description	Risk Level		Over-all Risk Level	Expected Controls	Assurances including categorisation	Gaps in Controls	Gaps in Assurances	Actions required/Time scale and Lead Officer/ Progress
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3.1	Failure to develop a robust Integrated Business Plan for the ICO meeting Monitor requirements	4	3	12	Robust project management arrangements Successful transition to ICO	Viability and stability of the local health economy Clear commissioning arrangements External due diligence Limited Assurance	Uncertainty about future viability of ICO and opportunities for cost effective collaboration with other providers	Uncertainty about the organisational arrangements and commissioning arrangement within the local health economy	First draft IBP to Trust Board in Oct 2011 Director of Planning and Performance Director of Finance GIC GIA Lead: CEO High priority
3.2	Failure to develop an affordable integrated ICO estates strategy which supports the service development strategy	4	4	16	Approved final ICO IBP Viable capital funding plan	Commissioner and SHA support External due diligence No assurance	ICO IBP and funding plan not yet developed	Work has not yet commenced	Subject to decisions on ICO and other elements of the service development plan an integrated strategy to be completed by Dec 2011 GIC GIA Lead: Director of Facilities

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3.3	Failure to meet healthcare targets as set out in NHS operating framework, and locally agreed performance targets	4	3	12	Service plans in place Monitoring systems in place	CQC registrations Performance monitoring –all HMB & TB meetings (internal and external) Dashboard reports Weekly performance meetings to discuss all access target performance and identify risks and mitigating actions Substantial assurance	Some inadequate enforcement of policies and SOPs Difficulty in influencing patient behaviour (e.g. DNAs)	None identified	Action plans in place to improve performance e.g. DNA OP follow-up Cancer referrals GIC Director of Operations
3.4	Adverse changes in strategic decisions of commissioners of services, including GP consortia and commissioners of education services	5	4	20	Robust business planning process Signed SLAs with commissioners Trust/PCT - monitoring meetings Primary Care Interface Group meetings Continued delivery of high quality education services	Regular CEO/PCT meetings Reports to TB Inspection reports from under- and post-graduate education commissioners Substantial Assurance	None identified	Business threat in local economy by the 'Any willing provider' clause Uncertainty about transition to GP commissioning	Undertake a SWOT and PEST analysis as part of the ICO IBP development Combine acute and community SLA negotiations for the 2011-12 contracting round. Implement the ICO contract if available and seek to agree a 3 year agreement.

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									GIA Director of Primary Care Director of Ops CEO
3.5	Reputation damage from the communications challenge during the period of strategic uncertainty leading to loss of public confidence affecting choice & demand	4	3	12	Communications strategy Pro-active media relations Active Council of Governors Public meetings	Regular surveys and CQC patient surveys Regularly report to HMB & TB Systematic consideration of reputational aspects of all risks at EC Mitigations through actions and communications Role of Council of Governors as ambassadors and sources of feedback Membership engagement Limited Assurance	Lack of control over public campaigns and media reporting	Lack of clarity about the future configuration of services in NCL Insufficient information from stakeholder surveys	Update communication s strategy Patient experience strategies being implemented. GIC GIA Director of Primary Care Director of Nursing and CD Ongoing with reports to HMB monthly and Trust Board quarterly or more frequently as required
3.6	Failure to maximise income due to data challenges, CQUIN penalties and PCT	4	4	16	Finance Plan in place Regular reviews of position by every HMB and TB	Internal Audits Peer review TB monitors financial position monthly External Audit and	Inadequate enforcement of data collection procedures Lack of control over	None identified	Continuous programme of identification of gaps in data capture and data

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	affordability				SLAs in place with PCTs Project team and action plan in place to increase capture of activity	review of PbR coding quality Late data entry report to project team NHS London quarterly report Substantial Assurance	PCT policy		quality Negotiations with PCTs GIC Director of P&P Ongoing High priority
3.7	Base costs increase by a greater amount than identified in the annual plan such that services cannot be provided within tariff	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	Inability to control costs influenced by national policies, eg, inflation implementation of NICE guidelines, consultant contracts MPET funding Service level costing and management not yet fully implemented	None identified	Continuous performance management of budget holders through meetings with CEO. Performance Mgt regime for 2011/12 CIP approved by EC – presentation of CIP to TB seminar in Feb 2011. Dir of Planning & Performance GIA High priority Continue roll-out of service level costing, reporting and

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				16					management Director of Finance
3.8	Three year Cost improvement and increased productivity programme, including benefits realisation of the ICO is not achieved leading to budget overspend	4	4	16	CIP schemes in place to achieve breakeven Good quality and timely financial information Compliance with SFIs and procurement procedures including the booking of bank and agency staff Monthly meetings with budget holders KPI included in appraisal process	Exec Committee HMB & TB monitor at every meeting Monthly "Super Tuesday" EC meetings Efficient services collaborative (ESC) established to support the work in the Directorates to ensure delivery and risk assessment EC and TB monitoring through dashboard and finance report Quarterly report to NHS London Internal audit reports Limited Assurance	Inadequate sanctions for overspending in appraisal process Community services schemes currently within the Provider Alliance and out to consultation – not yet validated by the trust	Assurances re community services	Action plans underway to reduce spend in top 25 overspending areas in acute services Ongoing Performance Mgt regime for 2011/12 CIP approved by EC – presentation of CIP to TB seminar in Feb 2011. GIC Director of Finance Director of Planning and Performance High priority
3.9	ICO functionality and viability as an	5	3	15	Negotiation of the Business Transfer	Compliance with TB approved funding	Negotiations have not yet started	Agreement not yet reached	Review of resources

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	FT is undermined by PCTs uncoupling or reducing capacity of services prior to service transfer				Agreement or CHS contract	formula Business transfer agreement or CHS contract Adequate documentation of tenure			required to undertake asset review Expert legal/financial property advise to be procured GIA GIC High Priority By Mid March 2011 Director of Finance

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4. Educate, train and develop the workforce to meet the demands of the ICO service model and organisational structure

	Principal Risk Description	Risk Level		Overall Risk Level	Expected Controls	Assurances including categorisation	Gaps in Controls	Gaps in Assurances	Actions required/Time scale and Lead Officer/ Progress
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4.1	Inadequate workforce in terms of numbers, skills and competencies <i>In either acute or community services</i>	4	3	12	Local management responsible for identifying and reporting problems to relevant director Regular reporting on take-up of mandatory training Staff appraisal Medical revalidation Workforce Development plan for new organisation	Executive Committee monitors staff numbers against activity on a weekly basis. Reports to TB (dashboard) Audit Committee monitors training performance Achievement of Improving working lives practice plus validation Improved scoring in staff attitude survey Substantial Assurance (for current organisation)	Recruitment and retention, difficulties in surgery, O&G and anaesthetics (London wide problem). High vacancy rate suggests weaknesses in recruitment processes Enforcement of mandatory training not yet on target Plan for ICO transformation not yet complete	<i>None identified for current organisation Assurance not yet available for ICO</i>	Directorates to receive reports on mandatory training take-up. Introduction of sanctions for non-attendance. Recruitment improvement plan to be implemented. <i>New workforce development plan to be drawn up</i> GIC GIA Director of HR
4.2	Potential change of policy by UCL medical school.	3	4	12	SLAs with medical school/ universities SLA with Postgraduate Deanery/ SHA	TB reviews regularly HMB reviews regularly SHA reviews regularly Substantial Assurance	None identified	UCL nomination on Trust Board advises retaining risk on BAF and increasing probability	Maintain close communication with academic institutions CEO Ongoing GIA

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4.3	Failure to successfully integrate the ICO workforce	4	3	12	Workforce development plan Cross-boundary training strategy Pro-active patient pathway management	HR reports to TB Training performance to AC and TB	Project plan not yet in place	Project plan not yet in place	Workforce and OD project to be established GIC and GIA Director of HR
4.4	Failure to change the organisational culture and promote new and innovative ways of working to deliver the ICO vision	4	3	12	Awareness programme OD strategy Staff appraisal and PDP	Patient feedback Staff survey Dashboard report to TB	ICO vision not yet fully articulated to workforce	ICO not yet in place	OD strategy and workforce development programme GIC and GIA Director of HR Director of Primary Care

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5. Strengthen the trust's wider accountability and corporate social responsibility and promote the reduction in health inequality through the further development of **health promotion, community out-reach and stakeholder engagement**

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5.1	Failure to engage hard to reach groups in membership involvement	3	4	12	Active recruitment of members Accessible meetings Targeted publicity Active governors	Membership reports	Insufficient resource for membership management and pro-active recruitment	Reports suspended pending re-application for FT status	Maintenance of membership database. Bi-annual distribution of Link Extra Revise the membership Strategy and take to TB for approval May 2011 Programme for CoG GIC Director of Planning and Performance Low Priority
5.2	Failure to meet carbon reduction targets	3	3	9	Carbon Reduction Strategy Group Carbon reduction management plan Carbon reduction investment plan Links to local carbon reduction networks	Carbon Reduction Strategy Carbon emission reporting Annual report to trust Board	None identified	None identified	

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5.3	Failure to take account of health inequalities in developing existing and new services	3	3	9	Single Equality Scheme Monitoring data Equality impact statements	HR reports to TB External assurance – CQC, OSC Patient feedback Member and CoG feedback	EIS not yet fully embedded	Assurance on ICO not yet available	Project to be established