

ITEM: 11/163

Meeting: Trust Board

Date: 14th December 2011

Title: Board Assurance Framework

Executive Summary:

The Whittington Hospital Board Assurance Framework has been reviewed and refreshed so that the key risks to the delivery of the Trust Health Strategy:

- Are clearly identified
- Are controlled
- Have mechanisms to give assurance to the Board that the "Controls" are fit for purpose.

It is inevitable that the nature and the response to risks change over time. The Board Assurance Framework must continue to be subject to regular review. The creation of a new organisation also leads to new risks of a temporary nature. Once the Trust has achieved Foundation Trust status many of these risks will be closed and the focus moves to the long-term inherent risks of providing health care.

The attached BAF identifies the key risks to the Trust in meeting its strategic objectives. The BAF was discussed at Audit Committee on Friday 2nd December 2011. The BAF is based on the principles outlined by the Treasury and the Trust's Internal Audit recommendations. Following Audit committee a number of risks related to CIPs were consolidated and reduced. A number of risks identified as missing have been added.......(information dept capability, IT, SIFT, and a number of risk ratings have been increased (capital planning.... A column has been added with an arrow alongside each risk indicating a change in rating from the previous review.

The BAF has also been aligned with the legacy BAFs from the previous three Trusts.

It is recognised that this continues to be a work in progress and will be reviewed again at Audit Committee in January and March 2012 before being presented again to Trust Board in March 2012.

Action:

The Trust Board is asked to:

- Approve the design and approach of the Whittington Hospital BAF.
- Review the list of identified risks and assurances
- Satisfy itself that the identified "Gaps" and "Action Plans" are sufficient to provide the Board with the necessary assurance for Control of the Risks.

Report Jo Silcock from: Project Manager

Sponsor: Bronagh Scott



| Director of Nursing and Corporate Governance | |
|---|---------------------------------|
| | |
| Financial Validation | Name of finance officer |
| 1 15: (5: | |
| Lead: Director of Finance | n/a |
| Compliance with statute, directions, Reference: | |
| Compliance with statute, directions, policy, guidance | Reference. |
| policy, guidance | |
| Lead: All directors | Standing Orders |
| | |
| Compliance with Healthcare Commission | Reference: |
| Core/Developmental Standards | |
| Lead: Director of Nursing & Clinical Development | n/a |
| Lead. Director of Narsing & Officer Development | 11/a |
| Compliance with Auditors' Local | Reference: |
| Evaluation standards (ALE) | |
| , , | |
| Lead: Director of Finance | n/a |
| | |
| Evidence for self-certification under the | Compliance framework reference: |
| Monitor compliance regime | Appondix C2 |
| Lead: All directors | Appendix C3 |
| | I |