

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						

The Whittington Hospital NHS Trust

Appendix 2

Trust Assurance Framework revised March 2007

1. Exhibit high standards of customer care

Healthcare Commission core standards:

C13 dignity & respect, C14 complaints management, C15 food & nutrition, C16 patient information, C17 patient feedback, C18 equality & choice

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1.1	Lack of capacity to change culture within the hospital	2	3	6	Agreed corporate objectives communicated with the staff Build into project plans for major projects	PCT reviews monthly SHA reviews monthly Substantial Assurance	Directors to rigorously review project plans.	N/a	Project Planning to be required for all major projects, ongoing CEO (GIC) Medium Priority
1.2	Lack of understanding within the Trust of impact of <i>Patient Choice</i>	3	2	6	Regular briefings and meetings with staff	Marketing plan being implemented Substantial Assurance	N/a	Trust Board to regularly review progress of marketing plan implementation	Regular updates to TB on progress Dir of Operations (GIA) Medium priority

GIC Gap in Control
GIA Gap in Assurance

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2. Deliver high standards of clinical care

Healthcare Commission core standards:

C1 patient safety, C2 child protection, C3 NICE guidance, C4 reducing infections, C5 evidence based practice, C15 food & nutrition

2.1	Risk of poor clinical outcomes	4	2	8	<p>Incident and SUI reporting is well established and policy is up to date. Departmental audit meetings review clinical outcomes regularly. Care pathways are implemented and followed in appropriate settings Up to date information is available to clinical and other staff via intranet and internet</p>	<p>Dr Foster data used by clinical groups regularly</p> <p>Regular Clinical Governance Steering Group</p> <p>Trust Board 17 May 06 19 July 06 20 Sep 06 15 Nov 06 17 Jan 07 21 Mar 07</p> <p>Clinical audit programme mapped to national priorities</p> <p>Health commission standards completed: HMB Trust Board 5 Apr 06 17 May 06 1 Nov 06 15 Nov 06</p> <p>Substantial Assurance</p>	<p>Knowledge and understanding of staff needs to be constantly updated</p>	<p>Ensure department audit meetings effective.</p>	<p>Reminders have been circulated by email to all staff. New policies are also announced by email with directions to their location on intranet. New policies all listed in each CEAD newsletter (Trust-wide circulation). GIC Dir Nursing & CD medium priority</p> <p>Meetings held with Women's Health & Care of Older People (COOP) teams. Women's Health have reviewed data & planning audit of episiotomy rates. COOP have reviewed data & planning audit of mortality against length of stay. Next directorates to review data are orthopaedics & cardiology GIA Dir of Nursing & CD medium priority</p> <p>Implementation plan to roll out use of Dr Foster across all clinicians GIC IM&T medium priority</p>
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2.2	Meeting Emergency core targets	4	2	8	Service plans in place	<p>EDIS (system) monitoring and control Performance monitoring –all HMB & TB meetings (internal and external)</p> <table border="0"> <tr> <td>HMB</td> <td>Trust Board</td> </tr> <tr> <td>5 Apr 06</td> <td>17 May 06</td> </tr> <tr> <td>3 May 06</td> <td>19 July 06</td> </tr> <tr> <td>7 June 06</td> <td>20 Sep 06</td> </tr> <tr> <td>5 July 06</td> <td>15 Nov 06</td> </tr> <tr> <td>2 Aug 06</td> <td>17 Jan 07</td> </tr> <tr> <td>6 Sep 06</td> <td>21 Mar 07</td> </tr> <tr> <td>4 Oct 06</td> <td></td> </tr> <tr> <td>1 Nov 06</td> <td></td> </tr> <tr> <td>6 Dec 06</td> <td></td> </tr> <tr> <td>3 Jan 07</td> <td></td> </tr> <tr> <td>7 Feb 07</td> <td></td> </tr> <tr> <td>7 Mar 07</td> <td></td> </tr> </table> <p>Reports to SHA Substantial Assurance</p>	HMB	Trust Board	5 Apr 06	17 May 06	3 May 06	19 July 06	7 June 06	20 Sep 06	5 July 06	15 Nov 06	2 Aug 06	17 Jan 07	6 Sep 06	21 Mar 07	4 Oct 06		1 Nov 06		6 Dec 06		3 Jan 07		7 Feb 07		7 Mar 07		N/a	N/a	N/a
HMB	Trust Board																																		
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2.3	Ensure the Trust meets the standards for safeguarding children	4	1	4	<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 TB</p> <p>Child Protection Annual report: Trust Board 15 Nov 06</p> <p>Assurance Committee and Clinical Governance Steering Group reviewed</p> <p>Adequate records of child protection training in place</p> <p>CRB checks in place in line with "Safer recruitment" policy</p> <p>Trust Board 17 May 06 19 July 06 20 Sep 06 15 Nov 06</p> <p>Health Commission core Standards assessment submitted</p> <p>HMB Trust Board 5 Apr 06 17 May 06 1 Nov 06</p> <p>External review of child protection structures completed</p> <p>Substantial assurance</p>	N/a	N/a	N/a
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2.4	Shortage of staff in key areas to provide adequate clinical care	4	2	8	Local management responsible for identifying if insufficient staff to relevant director/HMB Early plans developed to address issues Establishment control system in place	Executive team monitors weekly utilisation of staff. HMB monitors quarterly Internal management review. SHA review regular reports e.g. on vacancies. Substantial Assurance	Managers to utilise HR information more extensively	N/a	Increase user friendly HR information for managers GIC Dir of HR & CA (CMC) Medium Priority N & M establishment review group to continue to review staffing in midwifery and children's and theatres services by March 07 Dir of Nursing & CD GIC medium priority
2.5	Failure to plan effectively to meet the requirements of a pandemic	4	2	8	Detailed plan developed	Plan agreed by HMB and SHA Substantial Assurance	N/a	N/a	N/a

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2.6	Failure to provide adequate decontamination services	4	3	12	Operational protocols in place Monitoring of incidents Reduction in workload through SSD Staff training programme User group meetings	Part of Northwest London Joint Venture (NWLJV) project. Clinical governance steering group and TB review clinical incidents Decontamination Committee Assurance Committee Infection Control Committee Annual systems and department audit Limited Assurance	System for tracking patterns of decontamination incidents requires further improvement Formal training plans require signing off Rolling refresh of policies and procedures required	N/a	Implementation of IT based instrument tracking system June '07) GIC Sterile Services Manager High priority Verification of training plans – March 07 GIC Sterile Services Manager High priority Overhaul of incident categorisation and presentation of data – May 07 GIC Sterile Services Manager High priority Rolling programme of policy renewals to be set up – March 07 GIC Sterile Services Manager High priority
2.7	Inefficient systems for managing patient complaints	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 Healthcare Commission audit Feb 07 Substantial Assurance	N/a	N/a	N/a

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3. Reduce hospitalisation

Healthcare Commission core standards:

C4 reducing infections, C6 working with other organisations, C5 evidence based practice

3.1	Insufficient alternatives to inpatient care available on ambulant or home care basis	2	5	10	Provision of care monitored and reported to HMB & TB	PCT & SHA performance reviews monthly Reviews by Cancer Network Monitoring of delayed transfers of care by HMB monthly Review of performance against Top 10 modernisation tips completed Substantial assurance	N/a	N/a	N/a
3.2	Failure to maximise the benefits of chronic disease management Programme	5	1	5	PCT led steering group CEO lead	Monitored by TB each meeting and PCT Board Substantial assurance	N/a	N/a	N/a
3.3	Failure to reduce rates of healthcare acquired infection	4	3	12	Action plan for reduction monitored by HMB/TB 9/05 Hand hygiene campaign in place Trust's visitor's policy	Report to HMB 6/10/05, TB Monitoring by SHA Healthcare Commission Standards 'Saving Lives' benchmarking audits in place Substantial Assurance	MRSA recovery plan to be implemented Insufficient isolation facilities	N/a	Implementation of MRSA bacteraemia recovery plan Dir of Nursing & CD GIC high priority Development of an isolation ward Dir of Nursing & CD/Dir of Facilities GIC high priority

GIC Gap in Control
GIA Gap in Assurance

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3.4	Failure to comply with the Code of practice for the Prevention & control of healthcare associated infections	4	3	12	Full compliance with the Code of Practice.	Reports to Infection Control Committee and Trust Board Limited Assurance	Action plan to achieve full compliance not yet fully implemented	Reports to HMB Reports to Assurance Committee	Fully implement action plan GIC Dir of Nursing & CD High priority Regular reports to HMB to be implemented GIA Dir of Nursing & CD High priority

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4. Be operationally excellent

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

4.1	Lack of sufficient equipment in clinical areas	4	2	8	<p>Identify through business planning process new equipment needs</p> <p>Capital programme that prioritises new and replacement equipment</p> <p>Trust monitoring of incidents and complaints to identify equipment issues</p> <p>Procurement procedures reviewed and published</p>	<p>Clinical risk reports</p> <p>Medical Devices Group</p> <p>Capital programme active and managed flexibly to meet needs.</p> <p>The Finance and Performance Committee monitor the Capital Programme,.</p> <p>Substantial assurance</p>	N/a	N/a	N/a
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4.2	Reliability of risk management IT systems [Detailed assessment of other IT systems in Hospital Risk Register)	2	4	8	Data back up systems in place Regular reviews by IM&T of robustness of systems Identification of priorities and funding through business planning	Peer review Annual IM&T workplan aligned to clinical and business priorities of the Trust and signed off by HMB Regular updates to ET and HMB Internal Audit reports (Project Management and Network Management) CfH audits in preparation for deployment of CRS and CAB Substantial Assurance	N/a	N/a	N/a
4.3	Failure to have a robust Assurance framework in place	4	1	4	Regularly monitoring by Assurance Committee, audit committee and Trust Board Monitoring by SHA, DoH	Internal Audit progress review Monitored by TB 1/06 3/06. Monitored by Assurance Committee 12/05, 2/06. Internal and external Audit review April 2006 Substantial assurance	N/a	Action plan from internal audit report dated 10/2/06 to be implemented	Implement audit action plan by 31/7/07 Dir of HR &CA (GIA) High priority
4.4	Risk management system is adequately sensitised for Foundation Trust regime	4	1	4	Regular monitoring by Assurance Committee, Audit Committee and Trust Board	Internal audit review assurance Substantial assurance	N/a	N/a	N/a

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4.5	There is lack of clarity in relation to organisational structures and delegated authorities	2	1	2	Standing financial instructions, standing orders and schedule of delegation in place	TB reviews and ratifies annually Standing Financial Instructions, Standing Orders and delegation of authority Substantial assurance	N/a	N/a	N/a
4.6	Failure to take sufficient notice of independent assessments	2	1	2	Risk management strategy specifies role of key personnel	Audit Committee and Assurance Committee review independent assessments. TB review independent assessments and subsequent action plans Substantial assurance	N/a	N/a	N/a
4.7	The Trust fails to meet the 18 week trajectory	3	3	9	Service plans in place	Progress monitored by HMB and TB through access report Substantial Assurance	N/a	N/a	N/a

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5. Employ competent, motivated staff

Healthcare Commission core standards:

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

5.1	Need for culture change with professionals	3	3	9	<p>Regular appraisal with all staff</p> <p>Agreed job plans with medical staff</p> <p>Regular team briefing with staff</p> <p>Agreed Corporate objectives in place</p> <p>All directorate objectives risk-assessed in 2005/06 Business Plan</p>	<p>Staff attitude survey reviewed by HMB 4/05</p> <p>PDPs in place for staff</p> <p>CEO's Staff Briefing held monthly</p> <p>Implementation of KSF framework HMB</p> <p>Improving Working Lives Practice Plus validation 7/05</p> <p>Substantial assurance</p>	N/a	N/a	N/a
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5.2	Trust Board/senior management are not sufficiently experienced or capable of delivering the objectives of the Trust	4	1	4	<p>Recruitment processes are followed. At least appraisals are held and PDPs agreed. Remuneration Committee reviews performance of directors annually.</p> <p>Board Leadership Programme</p>	<p>SHA reviews performance regularly Trust Board reviews progress on leadership development strategy Substantial Assurance</p>	<p>Leadership development programme needs to be agreed by TB and implemented</p>	N/a	<p>Leadership development strategy for enhancing management capacity being developed. (GIC) Dir of HR & CA Medium priority</p> <p>TB leadership development programme being developed (TB seminar 28/2/07) GIC CEO High priority</p> <p>National Finance Staff Development Strategy being implemented. Seeking silver accreditation. GIC Dir of Finance Medium priority</p>
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5.3	Capacity to use information	3	3	9	<p>Appraisal with staff Project plans for major projects</p> <p>Availability and use of real time reporting via Trust intranet for activity data e.g. ED 4 hour performance, monthly IP and OP performance</p> <p>Flash reports</p>	<p>Internal Audit reports (Project Management and Network Management)</p> <p>Information Management staff aligned to new clinical directorate structure</p> <p>All FOI requests met within 20 day target</p> <p>Internal assurances – HMB monthly report PCTs monthly review SHA monthly review Substantial Assurance</p>	N/a	N/a	N/a
5.4	Potential staff do not view the trust as their employer of choice	3	3	9	<p>Monitoring recruitment and retention rates by the HMB & TB quarterly</p> <p>HMB 5 April 06 7 June 06 4 Oct 06 10 Jan 07</p> <p>IWL Steering Group to review regularly</p>	<p>Achievement of Improving working lives practice plus validation 7/05</p> <p>Awarded – Nursing Times Top 100 Employers + Times Top 50 Employers Where Women Want to Work</p> <p>Staff views in the hospital attitude survey HMB 6/4/05 Substantial assurance</p>	N/a	Review staff attitude survey and agree action plan accordingly	HMB/TB to agree action plan based on staff attitude survey to be received 3/07 (GIA) Dir of HR & CA by 5/07

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5.5	The Trust does not manage its performance effectively	4	1	4	Appraisal of staff Review of Complaints and incident for target needs Introduction of KSF for all staff in their appraisal HMB monitors achievement of DoH performance targets at every meeting.	Individual Personal development plans – rollout of KSF framework Clinical risk reports reviewed at each Clinical Governance Steering Group Complaint reports quarterly, TB included in clinical governance reports each meeting Healthcare Commission Standards assessment DoH targets are met. Substantial Assurance	Appraisal should cover all staff	Training needs analysis for clinical staff needs to support allocation of education contracts	Continue to cascade appraisal through all hospital, ongoing, All Directors (GIC) Medium priority Training and Development strategy group to review training provision to meet needs, ongoing, Dir of HR & CA (GIA) Medium priority
5.6	The interests of directors and governors are not disclosed and monitored	2	1	2	Up to date register maintained by the Trust	Agenda item at each TB Register available to public Substantial assurance	N/a	N/a	N/a

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5.7	A clear strategy is not in place to maximise the effective involvement of the Foundation Trust membership and governors	3	1	3	Clear strategy in place Foundation Trust Project Board	TB to agree strategy and its implementation Substantial assurance	Strategy to be implemented	TB to agree strategy	Strategy to be developed and agreed via FT Project Board (TB seminar 28./2/07) GIC/GIA Dir of Strat & Perf High priority
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**6. Provide a suitable environment for care
Healthcare Commission core standards:
C13 dignity & respect, C20 environment, C21 cleanliness**

6.1	Insufficient investment in the physical environment	3	4	12	Development Control Plan Estates strategy Robust capital programme based n business and estate needs Estate condition survey	ERIC (Estates Return Information Consortium) returns SOC project board Trust Finance and Performance Committee Capital Monitoring Committee Substantial Assurance	DCP requires updating Estate strategy requires updating	N/a	Update DCP /June 2007 Dir of Facilities GIC Update estate strategy /March 07 Dir of Facilities GIC Prepare SOC/Sept 07/ Dir of Facilities GIC
6.2	Failure to redevelop effectively the hospital site to accommodate future business requirements	4	2	8	Development Control Plan Estates strategy Strategic Outline Case	SOC project board Trust Finance and Performance Committee Substantial Assurance	Estates strategy requires updating DCP requires updating SOC requires completing	N/a	Strategic Outline Case being prepared to be completed Oct 2007 Dir of Facilities GIC high priority Once SOC completed and agreed DCP will be updated to reflect changes and OBC prepared to support case for change Dir of Facilities (GIC) High priority

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6.3	Failure to manage waste control	4	2	8	<p>Adequate and proper waste containment areas</p> <p>Waste disposal policies and procedures</p> <p>Compliance with legislative requirements</p>	<p>Regular audits of waste disposal facilities and use presented to FMB (Facilities Management Board)/EFHG (Environmental Food Hygiene Group)</p> <p>Capital investment (CMC minutes)</p> <p>EFHG</p> <p>H&S committee</p> <p>Substantial Assurance</p>	<p>Trust to implement WEEE (White Goods & Electronic Equipment) regulations and complete compliance audit.</p> <p>Policies and Procedures need updating</p>	N/a	<p>Revised Waste Disposal Policies and Procedures to be approved – June 2007</p> <p>GIC Dir of Facilities Medium priority</p> <p>Completion of compliance audit – April 2007 GIC Dir of Facilities Medium priority</p> <p>Complete implementation of WEEE regulations GIC Dir of Facilities Medium priority</p>
6.4	New wing could reduce level of security cover available	4	2	8	<p>Increase in use of CCTV</p> <p>Increase in use of swipe card access</p> <p>Increase in number of security staff per shift</p>	<p>Security and Personal Safety Committee</p> <p>H&S committee</p> <p>Capital Monitoring Committee</p> <p>Substantial Assurance</p>	<p>LSMS (Local Security Management Specialist) to be trained and appointed</p> <p>Security policies and procedures to be refreshed annually</p>	N/a	<p>LSMS to be trained – June 07 Deputy Dir of Estates & Fac Medium priority</p> <p>Policy refresh to be implemented – March 07 Deputy Dir of Estates & Fac Medium priority</p>

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7. Be an integral part of the local health community's health resources

Healthcare Commission core standards:

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

7.1	Failure to respond to changes to local population	3	3	9	Race equality scheme reviewed by TB 3/07 Review Census data Access Public health data from PCTs Demand management through PCTs e.g. chronic disease	Hospital Equality & Diversity Steering Group reviews on quarterly basis Benchmarking performance indicators required by PCT SHA DoH Substantial Assurance	Need robust links to business planning	N/a	Review Provider Sustainability plan Dir Ops/HR (GIC) Medium priority
7.2	Adverse changes in strategic decisions of commissioners of services or changes in flow due to Patient Choice	5	3	15	Business planning and LDP process Signed SLAs with commissioners SHA strategic planning	Regular CEO/PCT meetings bimonthly CEO regular liaison monthly TB review position regularly Substantial Assurance	Continue to revise financial implications arising from changing business environment	N/a	SLAs to be signed by 2/07. Annual Plan to be revised and disseminated by 3/07 Dir of Finance /Dir of Strategy & Performance (GIC) High Priority

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7.3	Inability to demonstrate contribution to health promotion in local community	2	4	8	Monitoring of NSFs. Agreed priorities with PCTs	NSF reports to HMB and Trust Board Healthcare Commission Standards Substantial Assurance	Tighten NSF reporting structure	Unable to Document and quantify existing health promotion strategies within the Trust	Implement plan to document and quantify existing health promotion strategies within the Trust by Sept 07 Dir of Nursing & CD (GIA) High priority Clear reporting structure on progress against NSF standards GIC Dir of Operations Medium priority
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8. Collaborate with other agencies

Healthcare Commission core standards:

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

8.1	Impact of Foundation trusts and Independent sector providers on this Trust	5	2	10	Business planning and SLAs with commissioners Agreed strategic direction	Business Planning Core Group Regular CEO/PCT meetings bimonthly Finance & Performance Committee reviews regularly Substantial Assurance	N/a	N/a	N/a
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9. Undertake education and research

Healthcare Commission core standards:

C11 Education & development, C12 research governance

9.1	Lack of congruence of education and NHS agendas	2	3	6	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	PCT performance reviews SHA performance reviews Postgraduate Deanery Substantial Assurance	Review SLAs	Medical school & university links could be enhanced.	Continue joint reviews with medical school and university. Ongoing CEO (GIC/GIA) Low Priority
9.2	Insufficient funding available for education provision	3	4	12	SLAs with medical school/ universities SLA with Postgraduate Deanery/ WDC/ SHA	TB reviews bimonthly HMB reviews monthly Substantial Assurance	Review SLAs Late confirmation of contract from SHA	Clarity required in funding priorities	Review SLAs with SHA for funding support, Dir of Finance/CEO (GIC and GIA) High Priority Keep close contact with SHA to obtain information on NMET funding asap. (GIC) Dir of HR & CA High Priority
9.3	Potential Change of policy by UCL medical school and Middlesex University	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 (GIC and GIA) Medium Priority

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9.4	Lack of training and educational expertise	2	2	4	Appraisal and identification of target needs Agreed through job planning with medical staff	TB requires appraisal to be undertaken SHA reviews progress on job planning for consultant staff Healthcare Commission Standards Substantial Assurance	Embedded appraisal and personal development plans.	Training needs analysis for clinical staff needs to support allocations of education contracts Training is required to be linked to trust's objectives	Review appraisal of staff across the trust, ongoing Dir of HR (GIC) Medium priority Training & Development steering group to review linkages to trust's objectives, ongoing Dir of HR (GIA) Medium priority
9.5	Other Trusts could take over our research and education work	2	3	6	SLAs in place with universities	TB reviews regularly HMB reviews regularly External review of research function Substantial Assurance	Jointly review strategic directions with PCTs and SHA and other Trusts	Systematic review should be undertaken by Trust.	Ensure agreement on joint strategic directions, ongoing, CEO (GIC) Link outputs for different groups together to join up issues, ongoing, CEO (GIA) Low Priority Research & development strategy to be developed following independent review of research function Nov 06, CEO (GIC) Medium priority

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10. Be financially robust - ALE (Auditors Local Evaluation) assessment

10.1	Failure to manage resources within the business planning framework eg failure to achieve cost improvement programmes	5	3	15	<p>Budget expenditure is reviewed monthly by directors, CEO and Trust Board Executive Team reviews progress on cost improvement programmes</p> <p>Transformation Team structure implemented Weekly reviews of performance against each CIP target</p> <p>EROS data now available <1 week in arrears</p> <p>Vacancy review process instituted</p> <p>Procurement procedures in place</p>	<p>TB review services and resources at each meeting</p> <p>Finance & Performance Committee review monthly</p> <p>External and internal audits and management letters</p> <p>Establishment of Transformation Project and dedicated team Substantial Assurance</p>	<p>Selective real time financial information to be developed FRP to be updated</p>	<p>Ensure review of workforce as part of FRP. Compare bank and agency usage with activity and vacancies.</p>	<p>Develop selective real time financial information for managers by review date, Dir of Finance (GIC) Medium Priority</p> <p>Weekly flash report needs to incorporate financial data. Project to integrate data from TSO with payroll established Dir of HR & CA/Dir of Finance. (GIC) medium priority</p>
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		Impact	Likelihood						

10.2	Failure to maximise income by internal processes, especially in relation to Payment by results	5	3	15	Finance Plan in place Regular reviews of position by 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 Finance and Performance Committee reviews monthly financial position Financial & Performance Committee established Substantial Assurance	Data quality and coding processes to be tightened	N/a	Data quality and coding processes to be renewed and strengthened GIC IM&T consultant High priority
10.3	Base costs increasing eg Agenda for Change pay, consultant contract pay, increased costs of new technology unfunded inflation	3	4	12	Tight control through Executive Team, HMB Finance & Performance Committee	TB monitor overall position every meeting PCTs performance management review monthly Substantial Assurance	N/a	Inability to control costs influenced by national policies, eg, implementation of NICE guidelines, consultant contracts MPET funding	Ensure financial implications of national policies are assessed, ongoing, Dir of Finance (GIA) High priority
10.4	PCT demand management is successful	4	3	12	Internal monitoring process	HMB monitoring progress monthly with regular reports to TB Substantial Assurance	N/a	N/a	N/a

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						
10.5	Capability and capacity of finance function may be insufficient to operate effectively in foundation environment	2	1	2	Appraisal of staff skills KSF outlines agreed for all finance staff	External auditors review Substantial Assurance	N/a	N/a	N/a
10.6	Failure to provide services within the tariffs set in particular by being above tariff standard length of patient stay in hospital	4	2	8	Finance & activity reports to every HMB Analysis in place for service costs compared to tariffs	TB reviews costs and activity at every meeting Substantial Assurance	Best use of beds project being implemented to minimise risk	N/a	HMB to monitor progress on Making Best Use of Beds project Dir of Ops (GIC) High priority New CIP to be monitored. Director of Finance (GIC) High priority
10.7	The business plan for the Trust is not robust and therefore not deliverable	4	3	12	BPCT develop plan and revise to enhance its robustness regularly. BPCT meets weekly. HMB agree Annual Plan	TB agrees Annual Plan Trust Board: 17 May 06 19 July 06 21 March 07 SHA reviews Annual Plan and provides feedback Substantial Assurance	Failure to adjust to external environment changes regularly	N/a	BPCT to continue to review Annual Plan to take account of external environment changes (GIC) Dir of Finance/Director of S&P 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						
10.8	Failure to generate positive cash flow eg through timely debtor recovery	4	2	8	Protocols in place to facilitate debtor recovery. Cash flow policy to be in place	HMB & TB monitor cash flow as part of financial reports at every meeting Finance & Performance Committee Audit Report 10/06 Substantial Assurance	Cash flow policy to be revised	N/a	Cash flow policy to be revised and agreed by HMB (GIC) Dir of Finance High priority
10.9	PCTs dispute non-PbR elements of SLA	3	3	9	Agreed protocol in place for query resolution	HMB & TB regularly monitor Substantial Assurance	Recording system needs to be more robust	N/a	Process of recording activity to be reviewed and improved GIC Dir of Ops/Dir of Finance High Priority
10.10	Failure to achieve 2006/07 surplus	3	3	9	Agreed CIP in place to achieve surplus	HMB & TB monitor at every meeting Substantial Assurance	N/a	N/a	N/a
10.11	Failure to fill the capacity within the Day treatment centre	3	4	12	Agreed SLAs in place for activity	Monitoring by HMB & TB regularly Substantial Assurance	Agreed SLAs not yet in place for activity	N/a	Actions in place to secure activity GIC Dir of Primary Care/Dir of Ops High priority