West Hertfordshire Hospitals NHS

NHS Trust

ASSURANCE FRAMEWORK 2006/7

The primary goal of the Trust is to create **a high performing organisation** with a focus on **service development**, within which there are **consistent of standards care delivery and appropriate staff behaviour.** The strategic objectives of the Trust are geared towards delivering these aims.

Principal objectives showing the link between Strategic & Divisional level objectives

Area	Strategic Objectives	Divisional Level Objective
1. Clinical Care	To maintain high clinical standards, ensuring compliance with best practice	To ensure that the Trust delivers the best standards of care that it can achieve, with due regard to the continuing professional development of its staff and the need to audit and improve practice on a continuing basis. To adhere to national guidance on the delivery of services
2. Patient Safety	There is a strategic process in place that ensures Patient safety is enhanced by the use of health care process, working practices and systemic activities that prevent or reduce the risk of harm to patients (Ref: SFBH Domain 1)	To ensure production and implementation of Divisional Risk Management Strategies To encourage, investigate and monitor incident reports To foster a culture of learning from incidents thereby reducing the risk of harm to patient

Area	Strategic Objectives	Divisional Level Objective
3. Governance	**Ensure visible Board ownership of Governance (Corporate and Clinical), Effectiveness and R&D Strategies to achieve effective clinical outcomes (Ref: SFBH Domain 2)**	To ensure best practice in the organisation of good governance within the Trust, for both clinical and non-clinical functions with clear leadership and accountability To establish an effective performance management system To cascade performance objectives throughout the Trust, using a universal appraisal system
4. Leadership	**Ensure there are joined up management and leadership responsibilities and ownership allocated appropriately at all levels of the organisation to ensure probity, quality assurance, quality improvement and patient safety (Ref: SFBH Domain 3)**	To understand the governance structure of the Trust and the levels of accountability To be capable of managing risk as it relates to quality assurance, quality improvement and patient safety To ensure that all managers are clear about their areas of accountability, and are sufficiently skilled to be able to undertake their management responsibilities To ensure that managers have access to the appropriate management development and leadership training so that they all improve their management capability
5. Workforce	**To have high quality, well managed and trained staff, and to be an employer of choice**	To increase flexible employment opportunities To encourage a sense of pride, taking responsibility and a sense of belonging thereby enhancing staff satisfaction To use training opportunities as a recruitment and retention tool To improve the working lives of its staff and create an environment in which staff feel respected, valued and well motivated. To increase recruitment and retention of staff with the appropriate skills to provide the range of services offered by the Trust To engage staff in improving the organisation and delivery of services

Area	Strategic Objectives	Divisional Level Objective
6. Environment	**Ensure that the Trust Modernisation Strategy includes all environmental aspects so they holistically meet patients' and staff needs (Ref: SFBH Domain 6)**	To provide a modern environment for the treatment of patients. To ensure that privacy and dignity of patients is maintained through a well-planned environment and good practice To maintain high standards of cleanliness in all areas To ensure that health and safety standards are maintained and improved To provide high quality catering and hotel services
7. Access	**To work in partnership with key stakeholders to achieve the Trust's objectives (Ref: SFBH Domain 5)**	To sustain local access to services, where this is consistent with a good patient experience and high standards of care To reflect the needs of local communities for access to services, working in conjunction with Pacts The Trust will provide a timely response to patients' needs, and will achieve the standards required on waiting times and access. To review the delivery of services to ensure that they are working efficiently and meet patients' needs To ensure the Trust has sufficient capacity (staff, beds, theatres, clinical support and infrastructure to meet its targets)
8. Finance	**To ensure the efficient use of resources and meet statutory financial duties**	To make efficient and effective use of the resources available to the Trust. To ensure statutory financial targets are met To use capital effectively to pursue the objectives of the Trust
9. IM&T	**To provide effective administrative and technological support for service delivery**	To ensure that best practice is adopted to deliver services in a timely way, including effective administrative systems To implement consistent administration systems across the Trust To use information technology to support the delivery of services, the patient pathway through the service and the production of effective management information

Area	Strategic Objectives	Divisional Level Objective
10. Patient Experience	**Ensure that patients, carers, relatives and volunteers are involved in the planning and delivery of health care, to ensure the Trust meets the needs of patients (Ref: SFBH Domain 4)**	To use various methods to obtain patient involvement in the planning and delivery of services to ensure that services are responsive to patients' needs To ensure implementation of action as a result of learning from comments and complaints To support and implement the work of the Patient Panel To maintain an effective Patient Advisory Liaison Service
11. Partnership working	**To work in partnership with key stakeholders to achieve the Trust's objectives**	The Trust will work closely with partner organisations (PCTs, local authorities) and with groups and individuals to achieve its strategic aims and its objectives To develop a communications strategy for internal and external stakeholders To respond to the needs of local GPs and assist them in delivering an excellent service to patients To agree new service models with partners To work with other Trusts in the provision of services where this benefits patient care

Assurance Framework

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
What the organization aims to deliver	*What could prevent this objective being achieved*	*Which area within our organization this risk primarily relates to:*	*What controls/systems we have in place to assist in securing delivery of our objective*	*Where we can gain evidence that our controls/systems, on which we are placing reliance, are effective*	*We have evidence that shows we are reasonably managing our risks and objectives are being delivered*	*Where we are failing to put in controls/systems in place. /Where we are failing in making them effective*	*Where we are failing to gain evidence that our controls/systems, on which we place reliance are effective*
1. To maintain high clinical standards, ensuring compliance with best practice	1.1 Failure to develop competencies of staff to provide high clinical standards	Clinical Care **Medical Director*/Chief Nurse**	Clinical Governance Committee Trust programme around 'Essence of Care' Comprehensive Clinical Governance Programme Multidisciplinary Team Meetings Clinical Audit programme	Positive Essence of Care Reporting Clinical Audit Report Central monitoring of consultant appraisal summaries and PDPs System to monitor NICE compliance Consultant appraisal and	CNST Level 1 compliance Clinical Governance Report monitoring by (SHA) Clinical Governance Quarterly Reports Deanery and college reports Deanery approved	Full compliance with National Service Framework standards Divisional monitoring of NICE compliance Lack of funding from PCT's to achieve NICE compliance	Achievement of CNST level 2 and 3 Across the board NICE compliance

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				personal development plans (1.1) Programme of post-graduate training for all junior medical staff including educational objective setting	training posts		
	(1.2) Not being able to fulfill Trusts National Audit Commitments				CNST Level 1 compliance		Achievement of CNST level 2 and 3
	(1.3) Not being able to provide mandatory help for Junior Doctors Audits						
	(1.4) Not being able to achieve NICE compliance			Clinical Divisions Quarterly Performance Review Reports System to		Divisional monitoring of NICE compliance Lack of funding from	

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
					monitor NICE compliance		PCT's to achieve NICE compliance	
2. There is a strategic process in place that ensures Patient safety is enhanced by the use of health care process, working practices and systemic activities that prevent or reduce the risk of harm to patients (Ref: SFBH Domain 1)	Lack of capacity/financial resources to improve patient safety	Chief Nurse/Director of Patient Services, Quality and Risk Risk Committee Medical Devices Committee		Trust Board Risk Management Strategy/ Risk Management Action Plan Incident Reporting Policy Risk Register with all high-level strategic and organisational risks sufficiently controlled. Risk escalation processes in place.	Datix Incident Reporting System Divisional Risk Leads Committee/minutes Regular liaison with NPSA /Attendance at Regional Patient Safety Forum/minutes Divisional Risk Management Strategies Regular Risk Management	CNST 1 – Acute Trust CNST 1& 2 – Maternity Audit Commission – Report on Governance? ???		CNST 2 Acute Trust

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				Reports to Trust Board Safety Alert Broadcasting Management			
	(2.2) (NM & SVC) Insufficient staffing resource allocated to the management of medical devices (C4c)		Trust Board Medical Devices Management Committee; Medical Devices Policy	Internal Audit of Medical Devices Management and resultant Action Plan and progress report (See Datix RR Ref: 18 ;	CNST 1 – Acute Trust CNST 1 – Maternity	Recruitment to unfilled posts underway	CNST 2 Acute Trust and Maternity Audit report in 2004 identified areas of concern in regard to 3 of the 4 decontamination sites
	(2.3) No funding in current budget to implement NICE recommendations (C3)					Clinicians participate in regular clinical audit and reviews of clinical services	Insufficient Assurance that NICE appraisals are taken into account when planning and delivering care
	(2.4) Failure to action all SABS Alerts by the given deadline (SFBH Ref C1b)		Risk Management Department currently operationally managing SABS alerts		CNST 1 – Acute Trust	SABS Policy being drafted No operational performance monitoring on Trust's	CNST 2 Acute Trust and Maternity Poor performance recorded on DoH linked SABS internet site in managing safety alerts within deadlines

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
							response to Safety Alerts other than that reported within RM Reports directly to the Board (ACTION PLAN: To be monitored through SFBH monitoring process) No budget for the management of SABS) (ACTION PLAN: No funding will be forthcoming)	
	(2.5) Non-compliance of staff with Infection Policies and Procedures			Director of Infection and Prevention and Control in place Infection	SABS alert compliance currently at 85% (as per SABS Internet Report)	Quarterly performance monitoring tool for divisions.	Lack of clarity around defined roles and responsibilities for	Predicted failure to meet targets on reduction of MRSA set by DoH Failure to comply with

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				Control Policies Infection Control Team and link persons	Training and education programme in place 'Clean your hands campaign'. PEAT inspections (See Estates and Facilities Directorate Intranet site) Infection Control Programme and Annual Report Audit and surveillance Programmes		managing and reporting on infection control	PEAT
	(2.6) (GE) Lack of pressure equipment (RR ID: 584)				Business case for Pressure Relieving Equipment			
	(2.7) Failure to achieve a year			Director of Infection and	Matron's Charter Action			

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	on year reduction in MRSA (SFBH Ref C4a)			Prevention and Control in place Infection Control Policies Infection Control Team and link persons Annual Infection Control Programme	Plan; Divisional Infection Control Leads produce quarterly infection control reports; Monthly performance against the Trust trajectory performance monitored by the Finance and Performance Committee and The Trust Board; Quick Fix initiatives implemented in all Divisions; Regular infection control audits undertaken; Regular walkabouts by Director of Nursing, Midwifery, Quality and Risk, Matrons			

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				and Medirest; Regular PEAT Visits			
	(2.8) Failure to ensure that all reusable devices are properly decontaminated prior to use (SFBH Ref C4c).		Decontamination Policy	Routine external auditing systems are now in place to monitor compliance Discussions with SHA with regard to centralisation of services currently in train.			Audit Report in 2004 identified areas of concern in 3 out of 4 decontamination sites within the Trust.
3. Ensure visible Board ownership of Governance (Corporate and Clinical), Effectiveness and R&D Strategies to achieve effective clinical	(3.1) Inability to identify adequate resources to mitigate governance risks	Organisation Wide **Chief Nurse/Director of Patient Services, Quality and Risk*/Chief Executive Officer/Secretary to the**	Trust Board; Audit Committee; Board Sub-committees Turnaround Plans Risk Management Strategy	Principal objectives set and agreed at board level and communicated to staff. Report of Emergency Care Task	External Audit Reports CNST Level 1 RPST Level 1	Full compliance with the core Standards for Better Health (ACTION PLAN – SFBH Action Plan)	Achievement of NHSLA Pilot Assessment (ACTION PLAN – See NHSLA RM Action Plan) Areas of concern identified by Public Interest Report/Value for Money Report (ACTION REQUIRED)

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
outcomes (Ref: SFBH Domain 2)		**Board/Director of HR**		Assurance Framework Corporate and Clinical Governance Strategy R&D Strategy				Areas of concern identified by Public Interest Report/Value for Money Report (ACTION REQUIRED)
	(3.2) Failure in completing the process of Risk Management and Governance(C 7a and c)			Trust Board; Audit Committee; Board Sub-committees Risk Management Strategy Risk Register Assurance Framework Corporate and Clinical Governance Strategy R&D Strategy	Principal objectives set and agreed at board level and communicated to staff. Report of Emergency Care Task Force to Board Implementation of plans which compensate for shortage of resources and achieve Performance Continued	External Audit Reports	Implementation of outstanding Clinical Governance audit; paper to Trust Board setting out strengthening of internal arrangements to improve corporate governance	Achievement of NHSLA Pilot Assessment (ACTION PLAN – See NHSLA RM Action Plan) Areas of concern raised within Audit Report (ACTION REQUIRED) HCC Review identified areas of non-compliant SFBH standards (ACTION REQUIRED but awaiting advice from HCC) Loss of Star Rating

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				compliance with Controls Assurance Core Standards on Governance, Risk and Finance Internal Audit Implementation of plans which compensate for shortage of resources and achieve Performance Continued compliance with Controls Assurance Core Standards on Governance, Risk and Finance Internal Audit Reports from all Trust Board			

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
					sub-committees; finance reports to Board; Assurance Framework progress reports to Board; Performance Reports – Assurance on Key Targets to Board			
	(3.3) Gaps in the systematic and planned approach to the management of medical records (C9)			Information Governance Committee	Documentation Audits as part of CNST requirement; Data Quality and Coding monitored via CHKS returns.	CNST Level 1 RPST Level 1	Gap identified within information governance around data quality, monitoring and recording (ACTION PLAN – Refer to SFBH Proposed Future	Achievement of NHSLA Pilot Assessment (ACTION PLAN – See NHSLA RM Action Plan) (3.2) Areas of concern raised within Audit Report (ACTION REQUIRED) Gaps identified within information governance with respect to data quality, monitoring and recording (ACTION REQUIRED)

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
							Management and Action Plan)	
	(3.4) Failure to ensure all staff attend relevant mandatory training (C11b)			H&S Committee;	Workforce Development Group Performance reports to H&S Committee	CNST Level 1 RPST Level 1	Monitoring attendance problematic	Achievement of NHSLA Pilot Assessment (ACTION PLAN – See NHSLA RM Action Plan) Lack of assurance that all staff attends mandatory training (ACTION REQUIRED)
	(3.5) Failure to support staff through organisational and personal development programmes (C8b)				Workforce Development Group Performance reports to H&S Committee		No policy on Appraisal or PDP (ACTION REQUIRED)	Yet to implement Electronic Staff Record (will go live Oct '06)
4. Ensure there are joined up management and leadership responsibilities and	(4.1) The organisation is unable to meet its statutory and mandatory responsibilities	Organisation wide **Director of Human Resources**		HR Committee Leadership strategy which will identify 150 key leaders in the organisation	Development programmes developed Training and Development Department	Governance paper to be presented to the September Board that gives clear	Need to implement development programmes	Necessary to reach Trust Foundation Status

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
ownership allocated appropriately at all levels of the organisation to ensure probity, quality assurance, quality improvement and patient safety (Ref: SFBH Domain 3)	through ill-defined management accountability		Strategy and Leadership Academy	achieved Matrix accreditation in July 2005 Accredited middle - senior management programme, Managing Health and Social Care on behalf of quadrant partners	lines of accountability Kings Fund: To support Executive and Clinical Leaders/Champions, the latter being a system-wide initiative Practive and Really Learning: To support senior/divisional leaders of all disciplines RightCoutts: To build local capacity to apply the NHS Leadership Qualities Framework		
5. To have high quality, well managed and trained	(5.1) Lack of appropriate training specifically for	Workforce **Director of Human**	Trust wide training strategy Workforce	Training opportunities in place	Compliance with 'Improving Working	Training plan costed/resourced and included in	Achievement of CNST Level 2 & 3 Achievement of RPST

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
staff, and to be an employer of choice	medical equipment (C4c)	**Resources** **Head of Workforce Development**		Development Group	Performance indicators for uptake of training Compliance against CNST (Acute Trust and Maternity) and RPST Level 1 standards	Lives' Practice Plus (5.1 – 5.5) Royal College audits of Junior Doctor training University accreditation Internal audit	divisional business plans. Cover arrangements in place	Level 2 & 3 Achievement of IWL "Investors in People" Achievement of IWL "Model Employer"
	(5.2) Failure of some staff to meet statutory/ mandatory training requirements (C11b) (See also Objective3.4 above)			Trust wide training strategy Workforce Development Group	Training opportunities in place Effective capacity Ensure all staff receives regular appraisals Training records for Trust and Local Induction Improved results of staff surveys	Compliance with 'Improving Working Lives' Practice Plus Royal College audits of Junior Doctor training University accreditation Internal audit	Trust-wide training needs analysis Gaps in linkage to staff appraisal Training plan costed/resou rced and included in divisional business plans. Cover arrangement	Achievement of CNST Level 2 & 3 Achievement of RPST Level 2 & 3 Achievement of IWL "Investors in People" Achievement of IWL "Model Employer"

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				Performance indicators for uptake of training Compliance against CNST (Acute Trust and Maternity) and RPST Level 1 standards		s in place.	
	(5.3) Inability to recruit the right staff with the right skills, e.g. Ultrasonographers; midwives; nurses		Workforce Development Group Trust Board to support recruitment plans and development of accommodation strategy Recruitment/Policy/Strategy Nursing Recruitment	Reduction in staff vacancy levels Clear recruitment plan with proposals that attract staff to the Trust Improved results of staff surveys Compliance against CNST (Acute Trust and Maternity)	Compliance with 'Improving Working Lives' Practice Plus Royal College audits of Junior Doctor training University accreditation Internal audit	Trust-wide training needs analysis	Achievement of CNST Level 2 & 3 Achievement of RPST Level 2 & 3 Achievement of IWL "Investors in People" Achievement of IWL "Model Employer"

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
			Retention Strategy	and RPST Level 1 standards Success in hard to recruit areas			
	(5.4) Failure to retain skilled staff		Workforce Development Group Trust Board to support recruitment plans and development of accommodation strategy Recruitment/Policy/Strategy Nursing Recruitment Retention Strategy	Reduction in staff vacancy levels. Increase in retention levels Improved results of staff surveys Compliance against CNST (Acute Trust and Maternity) and RPST Level 1 standards Success in hard to recruit areas	Compliance with 'Improving Working Lives' Practice Plus Royal College audits of Junior Doctor training University accreditation Internal audit	Trust-wide training needs analysis	Achievement of CNST Level 2 & 3 Achievement of RPST Level 2 & 3 Achievement of IWL "Investors in People" Achievement of IWL "Model Employer"
	(5.5) Time for staff to commit to CPD and update skills		Workforce Development Group	Ensure all staff receives regular appraisals	Compliance with 'Improving Working	Trust-wide training needs analysis	Achievement of CNST Level 2 & 3 Achievement of RPST

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	due to staff shortages and vacancies			Put in place a programme to meet personal development plans Improved results of staff surveys Performance indicators for uptake of training Compliance against CNST (Acute Trust and Maternity) and RPST Level 1 standards	Lives' Practice Plus Royal College audits of Junior Doctor training University accreditation Internal audit	Training plan costed/resourced and included in divisional business plans. Cover arrangements in place.	Level 2 & 3 Achievement of IWL "Investors in People" Achievement of IWL "Model Employer"
	(5.6) Inadequate cover for delivery of in-house training.		Workforce Development Group			Training plan costed/resourced and included in divisional business plans. Cover arrangements in place.	

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	(5.7) Lack of resource to implement improvements			Workforce Development Group				
	(5.8) Shortage of affordable and appropriate accommodation			Workforce Development Group	Effective capacity planning and review of establishments to enable release of staff to attend training			
6. Ensure that the Trust Modernisation Strategy includes all environmental aspects so they holistically meet patients' and staff needs (Ref: SFBH Domain 6)	(6.1) (SVC) Failure to provide environments, which are well maintained and clean. (SFBH C21) (Datix RR Ref: 612)	Organisation wide **Director of Estates & Facilities** Organisation wide **Director of Planning** **Director of HR**		Monthly Soft Services contract monitoring at Contract Partnership Board; Monthly internal PEAT inspections and monitoring at monthly Contract Partnership Board; New	Achievement of targets / standards: PEAT Inspections results; PEAT capital investment provision; programme for IP inspections and contract monitoring together with	One Star Rating Achievement	Programme of strategic measures to address and achieve cleanliness issues monitored fortnightly (See action plan attached to Risk No. on Datix RR	

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
		Chief Nurse/Director of Patient Services, Quality and Risk		'soft' services contracts; appropriate capital investment in the patient environment; monthly performance monitoring by the Finance and Performance Committee	specific actions from visits within the Trust (evidence from Head of Facilities);		Ref: 612)	
	(6.2)(SVC & SS) Poor capital stock and inadequacy of capital fund			Clear process for design and construction of new projects; strategic capital business case process to identify and obtain appropriate strategic capital funding; Capital Programme prioritisation	Capital Programme management within performance standards set	Project Progress Reports and Finance Capital reports; ERIC returns		
	(6.3) (SVC) Poorly designed			Compliance with NHSE Guidance	Success in: NHSE Design Review Panels	Board Design Champion; Major	No programme currently in	Areas of concern raised within both internal and external

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	patient areas (SFBH Ref: C20b) (Datix RR Ref: 613)			including Health Building Notes; CABE review on major new schemes; Investing in your Health (WGH Redevelopment and HHGH Surgicentre development); Bi annual audit undertaken using Essence of Care Benchmark; Analysis of themes identified by PALS and Complaints. Action plans arising from national and local Patient Surveys.	for major schemes; AEDET (achieving excellence design evaluation toolkit); NEAT (NHS Environmental Assessment Tool); (6.3) Burns and Plastics Service on MV Site beyond economic repair and maintenance. Discussions underway for Health Economy Reprovision; Current services provided within the constraints of the building stock. Currently with	scheme business case inclusion of AEDET score & NEAT score Gateway 0 Design Review (WGH OBC) (Report awaited)	place to address M.V Burns and Plastics Service

Programme of strategic measures to address and achieve cleanliness issues monitored fortnightly (See action plan attached to Risk No. on Datix RR Ref: 612) | PEAT visits |

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
					Royal Free to transfer over Apr ' 07			
	(6.4) (SVC & RR) HSE criminal prosecution/civil litigation			Health & Safety Action Plan; Proactive Risk Assessment/ Management of Risk Register through established risk sub-committees Increased resource agreed with PCTs 'Essence of Care' Programme	Reduction in Health & Safety Risk; Ad Hoc Health & Safety Visits		Review of Strategic Management of H&S required through involvement of Internal Audit	
	(6.5) (SVC & RR) Potential loss of training accreditation (linked to 6.3)							
	(6.6) The Trust's response to the IIYH			IIYH Programme Board	Commissioned an internal affordability review			

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	Strategy may prove unaffordable. The PFI may fail the government's PFI affordability review leading to significant replacement of estate (new hospital)						
	(6.7) The Surgicentre may have such an impact on the clinical viability of the Trust rendering it unaffordable		Finance and Planning Board	Commissioned an independent affordability review			
7. Ensure patients receive prompt, efficient and effective care	(7.1) Failure to achieve emergency care targets (ID: 585)	Organisation wide **Chief Operating Officer (TBC)**	Temporary appointment of interim Director of Operations from 21/11/05	Introduction of site lead role and responsibility for daily capacity management	Weekly report to CEO Weekly report to Emergency Care Network	Change management programme not yet fully implemented	Improvements being made but target not yet fully met

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
and have choice in access to appropriate services and treatments (Ref: SFBH Domain 5)			Establishment of Emergency Care Task Force from 19/12/05	and hourly emergency care target performance from 19/12/05 Department of Health Emergency Care Support Team working with Trust on Emergency Care Change Management Programme to be completed by March '06 Emergency Care Action Plan	Weekly report to SHA Performance Reports to the Board		
	(7.2) Lack of access to level two HDU service (RR ID: 401)		**This risk is currently being assessed**				
8. To ensure the efficient	(8.1) Failure to meet financial	Organisation wide	Capital Planning Group	Trust Recovery Plan	External Audit	Lack of reliable	Inability to achieve financial balance

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
use of resources and meet statutory financial duties	targets (RR ID: 755)	**Director of Finance**		Green and Kassab review of Trust costs Strong budgetary control	Balanced budget Cost against tariff Financial targets are met Minutes of: Audit Committee Finance & Performance Committee Capital Planning Group Partnership Board		systems for monitoring and for effective communication both internally and externally	Lack of integration of finance activity and manpower information.
	Inability to deliver agreed services with available resources (RR ID: 756)			Capital Planning Group Benchmarking costs against other Trusts, including reference costs and national tariff	Trust Recovery Plan Cost against tariff Comparative data from external organisations	External Audit	Lack of reliable systems for monitoring and for effective communication both internally and externally	Lack of integration of finance activity and manpower information.

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	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				Green and Kassab review of Trust costs (8.1, 8.2) Strong budgetary control	Cost Comparisons by Healthcare Commission. Minutes of: Audit Committee Finance & Performance Committee Capital Planning Group Partnership Board			
	(8.3) Inability to plan for future services across health economies (RR ID: 757)			Benchmarking costs against other Trusts, including reference costs and national tariff Trust Internal Business Planning Group	Trust Recovery Plan Cost Comparisons by Healthcare Commission. Minutes of: Audit Committee Finance & Performance Committee Capital Planning Group	External Audit	Lack of reliable systems for monitoring and for effective communication both internally and externally	Lack of integration of finance activity and manpower information.

Objectives	Risks			Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**				**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
					Partnership Board			
	(8.4) Failure in probity and good governance (RR ID: 758)			Capital Planning Group

Internal Audit, External Audit, Audit Committee Counter Fraud Services

Standing orders; schemes of Delegation; Standing Financial Instructions | Audit Reports

Financial reports to the Board

Minutes of: Audit Committee Finance & Performance Committee Capital Planning Group Partnership Board | Internal Audit

Counter Fraud Services Reports | Lack of reliable systems for monitoring and for effective communicati on both internally and externally | Lack of integration of finance activity and manpower information. |
| | (8.5) The Board not fully engaged in financial planning (RR ID: 759) | | | Finance and Performance Committee (Board sub-committee)

Participation in the Quadrant Commissioning Group | Trust Recovery Plan

Minutes of: Audit Committee Finance & Performance Committee Capital Planning Group Partnership | External Audit | Lack of reliable systems for monitoring and for effective communicati on both internally and externally | Lack of integration of finance activity and manpower information. |

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	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
				Board			
	(8.6) Lost income as a result of failure to maintain real-time electronic patient records (RR ID: 760)		Trust Board Finance & Performance Committee	Divisional Performance Reviews	Activity now being recorded on "Which Doctor" enabling download to Clearnet and providing basis for billing under PbR	Training of staff in management on clinics using PAS in specialist nurse areas ACTION: Clinic Staff now being trained	Specialist nurse clinics e.g. Urology, Diabetes, Colposcopy not yet being recorded on "Which Doctor"
	(8.7) Lost income as a result of failure of clinicians to complete clinical coding on discharge (RR ID: 761)		Trust Board Finance & Performance Committee	Divisional Performance Reviews	A continued reduction shown on "Which Doctor" report of uncoded episodes by clinician and length of stay	Lack of tracking of records and failure to recognise importance as a loss of income ACTION: Reports dealing by patient/consultant to be sent to divisional managers for resolution	Continue to receive notification from "Which Doctor" of uncoded episodes Trust wide

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	(8.8) Failure to achieve £12 million control total (RR ID: 736)		Trust Board Finance & Performance Committee

Eastern Region Financial overview

Appointment of Eastern Region External Turnaround Director | Weekly Divisional Performance Reviews

Each Division now has a control total

Turnaround team with external project managers | | | Monthly run rate (overspend) reducing to a target of no more than £1m a month from £1.5 not currently met |
| **9. To provide effective administrative and technological support for service delivery and management** | (9.1) Knowledge of the national programme and willingness to change practice | Organisation wide

Director of Finance | Costed plan for NpfIT implementation locally | Compliance with Information Governance Framework | Plan yet to be fully agreed | | |
| **10. Ensure that patients, carers, relatives and volunteers are involved in the planning and** | (10. 1) Organisational commitment to Public and Patient Involvement | Patient Experience

Chief Executive Officer | Functioning Patients Panel

Plan for Public and Patient Involvement | Improved audit of patient opinion (incl. NAO patient surveys)

Work | NAO patient surveys | Reporting system to be established

Work programme to be | |

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
delivery of health care, to ensure the Trust meets the needs of patients (Ref: SFBH Domain 4)				programme of the Panel reviewed by the Board

Representation of independent lay person to sit on key committees/forum in the Trust | | produced and reviewed

Implementation of plan for PPI

Plan to be agreed by the Board | |
| **11. To work in partnership with key stakeholders to achieve the Trust's objectives** | (11.1) Lack of common objectives between Trusts and clinical staff | Organisation wide

Chief Executive Officer | Forums for joint working with other organisations | Agreed service strategies between Trusts Audit of Partnership working

Audit of communications with key stakeholders

Progress against strategic aims and objectives

Clear statement of patient benefits | Sign off of agreement around service model, management and financial arrangements | Need to establish working forums with other organisations | |

Objectives	Risks		Key Controls	Assurances on Controls	Board Reports		
	Principal Risk	**Classification of Principal Risk and Executive Lead**			**Positive Assurances**	**Gaps in Control**	**Gaps in Assurance**
	(11.2) Time to manage relationships effectively		Forums for joint working with other organisations	Agreed service strategies between Trusts Audit of Partnership working Audit of communications with key stakeholders	Sign off of agreement around service model, management and financial arrangements	Need to establish working forums with other organisations.	

Abbreviations: RR – Risk Register

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