### Executive Summary

The Board needs to be able to provide evidence that it has systematically identified the Trust's objectives and managed the principal risks to achieving them. Typically, this is achieved via the Board Assurance Framework (BAF) document and an embedded risk management approach.

#### (i) BOARD ASSURANCE FRAMEWORK

**Attachment 1 - Board Assurance Framework Summary**

This summary shows each risk is categorised by colour according to the current risk matrix.

**Attachment 2 - Board Assurance Framework**

The BAF has been updated since the last presentation to Trust Board. Changes to since the last presentation are indicated in highlighted text. These reflect changes since March and have been updated to reflect the revised corporate objectives. Some additional assurances have also been added.

The full 2014/15 Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.

**Attachment 3 - BAF Associated Action Plans**

A BAF is required to have an action plan. However, there are individual plans for most of the risks on the BAF. Rather than list every item, a schedule of related action plans has been compiled.

### Strategic Priorities
- Quality and Safety
- Healthcare Standards
- People and Innovation
- Community and Partnership
- Financial Strength

### Operational Objectives
- Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
- Implement our falls prevention strategy to help prevent patients suffering serious injury
- Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
- Clear Clinical Service Vision or we may not deliver the best services to patients
- Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve
- Resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position
<table>
<thead>
<tr>
<th>Care Quality Commission (CQC) Domains</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>SAFE - 7: Safeguarding people who use services from abuse - People should be protected from abuse and staff should respect their human rights.</td>
</tr>
<tr>
<td>Effective</td>
<td>8: Cleanliness and infection control - People should be cared for in a clean environment and protected from the risk of infection.</td>
</tr>
<tr>
<td>Caring</td>
<td>10: Safety and suitability of premises - People should be cared for in safe and accessible surroundings that support their health and welfare.</td>
</tr>
<tr>
<td>Responsive</td>
<td>11: Safety, availability and suitability of equipment - People should be safe from harm from unsafe or unsuitable equipment.</td>
</tr>
<tr>
<td>Well led</td>
<td>13: Staffing - There should be enough members of staff to keep people safe and meet their health and welfare needs.</td>
</tr>
</tbody>
</table>

**EFFECTIVE** - 6: Cooperating with other providers - People should get safe and coordinated care when they move between different services.

9: Management of medicines – People should be given the medicines they need when they need them, and in a safe way.

12: Requirements relating to workers - People should be cared for by staff who are properly qualified and able to do their job.

**RESPONSIVE** - 2: Consent to care and treatment - Before people are given any examination, care, treatment or support, they should be asked if they agree to it.

5: Meeting nutritional needs - Food and drink should meet people’s individual dietary needs.

17: Complaints - People should have their complaints listened to and acted on properly.

**WELL-LED** - 16: Assessing and monitoring the quality of service provision - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.

14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.

### Recommendation

- To review and approve and to consider if any additional assurances are necessary to assure the Board that the risks to the strategic objectives are being properly managed.
Board Assurance Framework - Summary - May 2014

Key:

↑ Improvement  ↓ Deterioration  = No change

QUALITY AND SAFETY – reduce harm, deliver best clinical outcomes & improve patient experience through quality improvement strategy

- If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience (RR415)
- If we do not implement our falls prevention strategy then patients may suffer serious injury (RR 96)

WORKFORCE – Develop our leaders & promote staff engagement to make our organisation a great place to work through our people strategy

- If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)

PERFORMANCE STANDARDS - Develop transition plan, with supporting mitigations & contingencies that ensures the safety & sustainability of challenged clinical services

- Risk to sustainability of clinical services due to potential shortages of key clinical staff (859)

SERVICE RECONFIGURATION – Develop sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme.

- If we do not have a clear clinical service vision then we may not deliver the best services to patients (RR 668)

PERFORMANCE STANDARDS - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards

- If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)

FINANCIAL AND INVESTMENT STRATEGY -

- If we are unable to resolve our (historic) shortfall in liquidity & the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfill our financial duties & address the modernisation of our ageing estate & equipment (670)

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Consequence</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – Almost Certain</td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Severe</td>
<td>Critical</td>
<td></td>
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<tr>
<td>4 – Likely</td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Severe</td>
<td>Critical</td>
<td></td>
</tr>
<tr>
<td>3 – Possible</td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Severe</td>
<td>Critical</td>
<td></td>
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<tr>
<td>2 – Unlikely</td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Severe</td>
<td>Critical</td>
<td></td>
</tr>
<tr>
<td>1 – Rare</td>
<td>Insignificant</td>
<td>Minor</td>
<td>Moderate</td>
<td>Severe</td>
<td>Critical</td>
<td></td>
</tr>
</tbody>
</table>
### Board Assurance Framework

**V2 May 2014**

**Attachment 2**

<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
<th>Lead Director + Category of risk + Lead Committee</th>
<th>Principal Risk and Potential Impacts</th>
<th>Inherent Risk</th>
<th>Key Controls</th>
<th>Planned Sources of Assurance + date received/expected</th>
<th>Residual Risk rating &amp; direction of travel</th>
<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>Safety and Patient Experience</td>
<td>Quality governance framework</td>
<td></td>
<td></td>
<td>Quality Improvement Strategy and centre’s action plans</td>
<td></td>
<td></td>
<td>Acting Director of Nursing and Quality</td>
</tr>
<tr>
<td>96</td>
<td>Safety and Patient Experience Q&amp;S Com.</td>
<td>Falls Prevention Group</td>
<td></td>
<td></td>
<td>Falls prevention plan</td>
<td></td>
<td></td>
<td>Acting Director of Nursing and Quality</td>
</tr>
</tbody>
</table>

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**Principal Objective:** QUALITY AND SAFETY – reduce harm, deliver best clinical outcomes & improve patient experience through quality improvement strategy

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Potential Impacts</th>
<th>Key Controls</th>
<th>Gaps in Control + assurance</th>
<th>Action Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Avoidable harm to patients</td>
<td></td>
<td></td>
<td>Acting Director of Nursing and Quality</td>
</tr>
<tr>
<td>AMBER</td>
<td>Incidental report with Root Cause Analysis</td>
<td></td>
<td></td>
<td>Medical Director</td>
</tr>
<tr>
<td>GREEN</td>
<td>Patient safety visits to ward</td>
<td></td>
<td></td>
<td>Acting Director of Nursing and Quality</td>
</tr>
</tbody>
</table>

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**Gaps in Controls:**
- QGAF requires updating. No QGAF action plan.
- Quality Assurance Framework under development which will cover all care groups and levels of the organisation.
- No transition plan that ensures safety and short-term sustainability of clinically challenged services.

**Gaps in Assurance/ Negative Assurance:**
- Non-compliance with HCAI decontamination criteria (ORG Jan 14).
- Risks to recruiting adequate numbers of nurses and doctors to key areas.

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**Key Controls:**
- Revised approach to Fallsafe and bed rails risk assessment is not embedded across the nursing workforce.

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**Residual Risk rating & direction of travel:**
- AMBER

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**Gaps in Assurance/ Negative Assurance:**
- Fallsafe not yet fully rolled out (completion due May 14).
- Annual review of all falls being undertaken for themes, learning and further preventative measures.
<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
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<th>Action Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>561</td>
<td>Safety and Patient Experience</td>
<td>RED</td>
<td></td>
<td>Ward staffing templates</td>
<td>Workforce component of Integrated Performance Report (monthly)</td>
<td></td>
<td>Gaps in Controls</td>
<td>Medical Director</td>
</tr>
<tr>
<td>859</td>
<td>HEC</td>
<td>RED</td>
<td></td>
<td>Service redesign</td>
<td>Business cases to HEC in support of workforce redesign</td>
<td></td>
<td>Gaps in Assurance/ Negative Assurance</td>
<td></td>
</tr>
</tbody>
</table>

**Principal Objective: PERFORMANCE STANDARDS - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards**

| NATIVE | CHIEF OPERATING OFFICER (COO) | Patient Flow Systems & Processes | Hospital Executive Committee (HEC) | Delivery monitored at the Urgent Care Working Group, Planned Care Working Group, Cancer Board, Contracts Meetings, the Operational Performance Group and Trust Board as well as the Care Group RAP monitoring groups, Whole health economy surge plan in place and monitored closely, NTDA weekly assurance calls around the A&E 4 hour target. Monthly discharge project meeting. 5 year workforce plan | 1. Booking & Scheduling action plan in place; 2. Remedial Action Plan’s (RAPs) in place for RTT, Cancer and the A&E 4 hour standards; 3. Whole health economy recovery plan for emergency access in place; 4. Whole economy surge plan agreed but risks on delivery; 5. Internal improvement plan for patient flow included in RAP; 6. Discharge project led by COO; 7. NTDA assurance visit to A&E gave some positive assurances; 8. Planning process with centres regarding 7 day working (Sept 14); 9. CCG submitting plans for ‘Better Care Fund’ to Health and Wellbeing Board (Feb 14); 10. Cancer Intensive Support Team Review (Mar 14) 11. Heads of Capacity in post (Mar 14) Gaps in Control | Gaps in Assurance/ Negative Assurance | Chief Operating Officer |
|---------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------|-----------------------------|------------------|
|         | If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards | Potential Impacts: • Poor /unsafe patient care & experience • Financial penalties • Performance notices • National Trust Development Authority (NTDA) intervention • Failure to achieve Foundation Trust status • Failure to comply with national access targets | 1. Booking & Scheduling action plan in place; 2. Remedial Action Plan’s (RAPs) in place for RTT, Cancer and the A&E 4 hour standards; 3. Whole health economy recovery plan for emergency access in place; 4. Whole economy surge plan agreed but risks on delivery; 5. Internal improvement plan for patient flow included in RAP; 6. Discharge project led by COO; 7. NTDA assurance visit to A&E gave some positive assurances; 8. Planning process with centres regarding 7 day working (Sept 14); 9. CCG submitting plans for ‘Better Care Fund’ to Health and Wellbeing Board (Feb 14); 10. Cancer Intensive Support Team Review (Mar 14) 11. Heads of Capacity in post (Mar 14) Gaps in Control | Bed Capacity does not meet demand • 7 day working not consistently in place • Progress on admission avoidance schemes and early discharge/discharge to assess in Local Health Economy (LHE) are slower than needed and not yet delivering in full • Poor operational and administrative systems in Cancer processes • Orthopaedic and Ophthalmic systems insufficient capacity to meet RTT - LHE engaged to resolve | 1. Booking & Scheduling action plan in place; 2. Remedial Action Plan’s (RAPs) in place for RTT, Cancer and the A&E 4 hour standards; 3. Whole health economy recovery plan for emergency access in place; 4. Whole economy surge plan agreed but risks on delivery; 5. Internal improvement plan for patient flow included in RAP; 6. Discharge project led by COO; 7. NTDA assurance visit to A&E gave some positive assurances; 8. Planning process with centres regarding 7 day working (Sept 14); 9. CCG submitting plans for ‘Better Care Fund’ to Health and Wellbeing Board (Feb 14); 10. Cancer Intensive Support Team Review (Mar 14) 11. Heads of Capacity in post (Mar 14) Gaps in Control | Bed Capacity does not meet demand • 7 day working not consistently in place • Progress on admission avoidance schemes and early discharge/discharge to assess in Local Health Economy (LHE) are slower than needed and not yet delivering in full • Poor operational and administrative systems in Cancer processes • Orthopaedic and Ophthalmic systems insufficient capacity to meet RTT - LHE engaged to resolve | Chief Operating Officer |
## Board Assurance Framework

### V2 May 2014

#### Key:
- ↑ Improvement
- ↓ Deterioration
- = No change

<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
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### Principal Objective: WORKFORCE – Develop our leaders & promote staff engagement to make our organisation a great place to work through our people strategy

- **Workforce Director**
  - **Workforce Engagement**
    - **Director**
      - **423**
        - **If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve**

  - **Inherent Risk**
    - **RED**

  - **Key Controls**
    - Management Development Programme
    - Leadership / Development Academy
    - Appraisals and Personal Development Plan
    - Staff induction linked to Trust values
    - Review Sickness policy
    - Stress risk assessments process for staff
    - Wellbeing Programme
    - Values-based recruitment
    - Coaching programme
    - 5 year workforce plan

- **Planned Sources of Assurance**
  - Monthly Workforce Reports
  - Leadership Conference (Oct 13)
  - High nomination rate for staff awards (Aug 13)
  - Keele School of Medicine SIFT QA Monitoring Visit (Nov 13)
  - People Strategy and Implementation Plan (Jan 14)
  - Trust values launched and used in recruitment process (Nov 13)
  - Centre workforce reviews and plans in progress (Feb 14)

- **Gaps in Control + assurance**
  - **Gaps in Controls**
    - Nursing education programme needs review
    - Rates of appraisal (currently 82%)
  - **Gaps in Assurance/ Negative Assurance**
    - AMBER

### Principal Objective: SERVICE RECONFIGURATION – Develop sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit programme

- **Chief Executive Officer**
  - **Strategy**
    - **Trust Board**
      - **668**
        - **If we do not have a clear clinical service vision then we may not deliver the best services to patients**

  - **Inherent Risk**
    - **RED**

  - **Key Controls**
    - Structured programme of work to arrive at service delivery models
    - Clinical Service Strategy Group
    - Future Configuration of Hospital Services (FCHS) Group & Project Plan
    - Health Economy Leaders Group
    - Urgent Care Network Board
    - Programme Board established for ‘Future Fit’
    - All stakeholders involved

- **Planned Sources of Assurance**
  - Scope and objectives agreed with Trust and partner organisations for strategic review of hospital and associated community services
  - Support received from JHOSC to progress with programme - HOSC update December
  - Early engagement programmes established and ‘Call to Action’ Conference took place in November 2013.
  - Future Fit Programme Execution Plan (TB Jan 14)
  - FCHS due to complete Aug 14 (TB Feb 14)
  - ‘Future Fit’ assurance workstream in place
  - Clinical Design Workstream Report on clinical models for acute and episodic care (TB Mar 14)
  - Detailed modelling and pathway work (June 14)
  - 5 year business plan - June 2014

- **Gaps in Control**
  - **AMBER/RED**
    - Present configuration requires radical transformation with clinical input and stakeholder engagement
    - Maturity of relationships in Health Economy
    - Long timescales for project plan

- **Gaps in Assurance**
  - **AMBER**
    - Lack of progress regarding Public Consultation
    - QIAs to be completed on final delivery phase of FCHS

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Page 3 of 4
### Principal Risk and Potential Impacts

<table>
<thead>
<tr>
<th>Trust Risk Ref</th>
<th>Lead Director + Category of Risk + Lead Committee</th>
<th>Inherent Risk</th>
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<tbody>
<tr>
<td>670</td>
<td>Finance Director</td>
<td></td>
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<tr>
<td>670</td>
<td>Finance Committee</td>
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</tbody>
</table>

**Principal Objective: FINANCIAL AND INVESTMENT STRATEGY**

- (i) develop transition plan that ensures financial sustainability & addresses liquidity pending outcome of Future Fit
- (ii) Develop robust Investment Strategy to modernise equipment & estate

---

If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust’s Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment.

Potential Impacts:
- Inability to invest in services and infrastructure
- Impacts on cash flow
- Lack of modernisation fund to invest in equipment and environment to improve efficiency
- Poor patient experience
- Failure to deliver Historic Due Diligence (HDD) action plan

- **RED**

Capital planning process including capital aspirations list
- Business planning process
- Risk based approach to replacement of equipment
- Contingency funds
- Charitable funding
- Operational Performance Group - monthly with Care Groups
- Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process

Financial component of integrated performance report (monthly TB)
- Reports from Finance Committee which reports to TB
- Reports from Internal and External Audit QIA to TB (June, July 13)
- Financial recovery plan - Oct 13
- Financial recovery board (TB monthly)

- **RED**

**Gaps in Controls**
- No investment strategy to modernise estate, equipment and IT
- Not considering operational, quality and financial decisions in the whole (TB Jan 14)
- No transition plan that ensures financial sustainability and addresses liquidity issues pending outcome of ‘Future Fit’
- Pace of change

**Gaps in Assurance/ Negative Assurance**
- No agreed QIPP schemes
- Historic and ongoing liquidity problem
- No 2 year rolling CIP programme

Finance Director
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Risk Title</th>
<th>Action plans</th>
<th>Committee</th>
<th>latest update</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>If we do not deliver <strong>safe care</strong> then patients may suffer avoidable harm and poor clinical outcomes and experience</td>
<td>• Maternity Services Review and Action Plan&lt;br&gt;• Quality Governance Framework Internal Audit Review Action plan&lt;br&gt;• Care Quality Commission action plan&lt;br&gt;• Action plan on recommendations from national inquiries&lt;br&gt;• Mock CQC Inspection Plan&lt;br&gt;• C difficile Action Plan&lt;br&gt;• Decontamination Action Plan</td>
<td>Trust Board&lt;br&gt;Audit Committee&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Quality &amp; Safety Committee&lt;br&gt;Quality &amp; Safety Committee&lt;br&gt;Quality &amp; Safety Committee</td>
<td>Jan-14&lt;br&gt;Jun-13&lt;br&gt;Jan-14&lt;br&gt;Jan-14&lt;br&gt;Mar-14&lt;br&gt;Feb-14&lt;br&gt;Feb-14</td>
<td>ADNQ&lt;br&gt;ADNQ&lt;br&gt;ADNQ&lt;br&gt;ADNQ&lt;br&gt;ADNQ&lt;br&gt;ADNQ&lt;br&gt;ADNQ</td>
</tr>
<tr>
<td>96</td>
<td>If we do not implement our <strong>falls prevention</strong> strategy then patients may suffer serious injury</td>
<td>• Falls Action plan&lt;br&gt;• Internal Audit Action/recommendations</td>
<td>Trust Board&lt;br&gt;Audit Committee&lt;br&gt;Quality &amp; Safety Committee</td>
<td>Jul &amp; Sep-13&lt;br&gt;Dec 13&lt;br&gt;</td>
<td>ADNQ&lt;br&gt;ADNQ</td>
</tr>
<tr>
<td>859</td>
<td>Risk to <strong>sustainability</strong> of clinical services due to potential shortages of key clinical staff</td>
<td>• Future Fit Programme Execution Plan&lt;br&gt;• Workforce Risk Report</td>
<td>Trust Board&lt;br&gt;Trust Board</td>
<td>Mar-14&lt;br&gt;May-14&lt;br&gt;</td>
<td>DBE&lt;br&gt;DBE</td>
</tr>
<tr>
<td>561</td>
<td>If we do not achieve safe and efficient <strong>patient flow</strong> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards</td>
<td>• Emergency Department Remedial Action plan&lt;br&gt;• Transforming our Booking and Scheduling Systems&lt;br&gt;• IST Cancer Action Plan&lt;br&gt;• RTT Remedial Action Plan&lt;br&gt;• Performance Management Framework and Strategy&lt;br&gt;• Booking &amp; Scheduling Improvement Plan</td>
<td>Trust Board via IMR&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board via IMR&lt;br&gt;Trust Board&lt;br&gt;Finance Committee</td>
<td>Jan-13&lt;br&gt;Jul-13&lt;br&gt;May 14&lt;br&gt;Jul 13&lt;br&gt;Oct 13</td>
<td>COO&lt;br&gt;COO&lt;br&gt;COO&lt;br&gt;COO&lt;br&gt;COO</td>
</tr>
<tr>
<td>423</td>
<td>If we do not get good levels of <strong>staff engagement</strong> to get a culture of continuous improvement then staff morale and patient outcomes may not improve</td>
<td>• Staff survey action plan&lt;br&gt;• Staff training Internal Audit Review action plan&lt;br&gt;• People Strategy Implementation Plan</td>
<td>Trust Board&lt;br&gt;Workforce Committee&lt;br&gt;Trust Board</td>
<td>Jan-14&lt;br&gt;Jan-14&lt;br&gt;</td>
<td>WD&lt;br&gt;WD&lt;br&gt;WD</td>
</tr>
<tr>
<td>668</td>
<td>If we do not have a clear <strong>clinical service vision</strong> then we may not deliver the best services to patients</td>
<td>• Future Fit Programme Execution Plan&lt;br&gt;• Future Configuration of Hospital Services&lt;br&gt;• Clinical Services Strategy Update/Call to Action&lt;br&gt;• Reconfiguration of stroke services plan&lt;br&gt;• Emergency Department Workforce review&lt;br&gt;• Emergency Service Contingency Plan with Commissioners</td>
<td>Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board&lt;br&gt;Trust Board</td>
<td>Mar-14&lt;br&gt;Mar-14&lt;br&gt;Sep-13&lt;br&gt;Feb-14&lt;br&gt;Oct-14&lt;br&gt;</td>
<td>DBE&lt;br&gt;DBE&lt;br&gt;DBE&lt;br&gt;DBE&lt;br&gt;COO</td>
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<tr>
<td>670</td>
<td>If we are unable to resolve our (historic) shortfall in liquidity &amp; the structural imbalance in the Trust's <strong>Income &amp; Expenditure</strong> position then we will not be able to fulfill our financial duties &amp; address the modernisation of our ageing estate &amp; equipment</td>
<td>• Financial Recovery Plan&lt;br&gt;• Cost Improvement Programme&lt;br&gt;• Historic Due Diligence 1 Action Plan&lt;br&gt;• Internal Audit - Review Action Plans&lt;br&gt;• Review of current services at specialty level</td>
<td>Financial Recovery Board&lt;br&gt;Financial Recovery Board&lt;br&gt;Finance Committee&lt;br&gt;Finance Committee&lt;br&gt;Trust Board</td>
<td>Dec-13&lt;br&gt;Dec-13&lt;br&gt;Jan-14&lt;br&gt;Jan-14&lt;br&gt;Jun-14</td>
<td>FD&lt;br&gt;FD&lt;br&gt;FD&lt;br&gt;FD&lt;br&gt;COO</td>
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