

Reporting to:	Trust Board – September 2014
Title	Board Assurance Framework update
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	Risk Committee (Aug 14), Operational Risk Group (July 14), Audit Committee (Sept 14), Trust Board (May 14)
Executive Summary	<p>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.</p> <p>(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</p> <p>Attachment 2 - Board Assurance Framework The BAF has been updated since the last presentation. Changes to since the last presentation are indicated in highlighted text. These reflect changes since May. Risk 561 (patient flow) has been updated and a RAG for three of the main components included so that progress can be demonstrated more clearly. Some additional assurances have also been added.</p> <p>The full 2014/15 Board Assurance Framework lists the controls in place and sources of assurance, with the lead Director for each risk.</p> <p>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.</p>
Strategic Priorities	
1. Improving Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy
2. Delivery of Operational Performance Standards	<input checked="" type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15 <input checked="" type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15 <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16
3. Service Reconfiguration	<input checked="" type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services <input checked="" type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
4. Workforce	<input checked="" type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy
5. Stakeholder Engagement	<input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy
6. Finance and Investment Strategy	<input checked="" type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme <input checked="" type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)

Board Assurance Framework (BAF) Risks	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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
Care Quality Commission (CQC) Domains	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input checked="" type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	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.

Paper 11 Attachment 1

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)

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)

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)

Components:

- A&E Performance
- Referral to Treatment Times (RTT)
- Cancer Waiting Times

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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)

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)

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** & 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)

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Likelihood	Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Severe	5 Critical
5 - Almost Certain	Yellow	Orange	Red	Red	Red
4 - Likely	Yellow	Orange	Orange	Red	Red
3 - Possible	Green	Yellow	Orange	Orange	Red
2 - Unlikely	Green	Yellow	Yellow	Orange	Orange
1 - Rare	Green	Green	Yellow	Yellow	Yellow

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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
Principal Objective: QUALITY AND SAFETY – reduce harm, deliver best clinical outcomes & improve patient experience through quality improvement strategy								
415	Director of Nursing and Quality Safety and Patient Experience Quality & Safety Committee (Q&S)	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience Potential Impacts: • Avoidable harm to patients • Poor experience for patients • High level of complaints and litigation • Failure to comply with Care Quality Commission (CQC) standards • Loss of Commissioning for Quality and Innovation (CQUIN) income • Loss of patients to our competitors • Loss of reputation	RED	CQC Compliance Framework Quality Improvement Strategy and centre's action plans Quality Governance Assurance Framework (QGAF) Incident reporting with Root Cause Analysis (RCA) and monitoring of actions Consultant revalidation Patient Safety visits to ward Patient Engagement and Improvement Panel (PEIP) work programme Safety Thermometer Interactive ward rounds Embedded Early Warning System in place QIA process in place Quality dashboards Ward-to-Board metrics Care Group Governance meetings Revised nursing records including risk assessments for every in-patient Enhanced support to patients at high risk of harm Handover guidelines Successful appraisal requires compliance with mandatory training	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Quality & Safety Committee which reports to Trust Board (TB) (monthly) Net Promoter (TB monthly) Venous ThromboEmbolicism (VTE) CQUIN (TB monthly) Mortality - average (July 14) 50% reduction in preventable pressure sores (TB May 14) CQC Intelligent Monitoring Report band 3 (July14) CNST Level 3 Maternity (Mar 14) External assurance visits (CCGs, WMQRS, CHC, Healthwatch, TDA, Cancer Peer Review - Mar 14) Internal and External patient experience surveys Daily site reports and Hospital @ Night reports National Inpatient Survey (TB May 14) CHKS Top 40 Hospital Consultant Revalidation Report (TB Jul 14)	AMBER ↓	Gaps in Controls • QGAF needs further development to fully implement quality assurance Gaps in Assurance/ Negative Assurance • Risks to recruiting adequate numbers of nurses and doctors to key areas • Compliance with Statutory and Manadatory training requirements poor	Director of Nursing and Quality Medical Director Director of Nursing and Quality
96	Director of Nursing and Quality Safety and Patient Experience Q&S Com.	If we do not implement our falls prevention strategy then patients may suffer serious injury Potential Impacts: • Avoidable harm to patients • Poor experience for patients • Failure to comply with CQC standards • Risk of prosecution • Loss of reputation	RED	Falls Prevention Group Falls risk assessment and implementation of falls prevention measures Fall prevention plan Incident reporting with RCA and monitoring of actions and outcomes delivered through local governance groups Falls Prevention Practitioner Education and training in new multifactorial risk assessment Improved ESP guidelines Non-clinical transfer risk assessments New patient/relatives falls and bed rails information leaflet available on intranet	Quality component of Integrated Performance Report (monthly) Serious Incident Board Report (monthly) Clinical Quality and Safety Committee which reports to TB (monthly) Acute Trust Quality Dashboard Quarterly (TB) Overall, falls reducing and below national average on Safety Thermometer (TB July 14) Falls prevention action plan 90% complete Ward Quality Dashboards (monthly) Ward-to-Board metrics (monthly) Annual review of all falls being undertaken for themes, learning and further preventative measures	AMBER ↑	Gaps in Controls • Fallsafe not yet fully rolled out - PRH completed; RSH in progress Gaps in Assurance/ Negative Assurance	Director of Nursing and Quality

Key : ↑ Improvement ↓ Deterioration = No change

Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
Principle Objective : PERFORMANCE STANDARDS - Develop transition plan, with supporting mitigations & contingencies that ensures the safety & sustainability of challenged clinical services								
859	Chief Operating Officer Safety and Patient Experience HEC	Risk to sustainability of clinical services due to potential shortages of key clinical staff Potential Impacts: • Inability to continue with current level of service • Poor experience for patients • Delays in care • Failure to comply with national standards and best practice tariffs • Reduced patient safety • Reduced quality of care • Low staff morale • Financial impact of high agency use	RED	Ward staffing templates Job planning Service redesign Overseas recruitment Workforce reviews including job redesign and skill mix reviews Development of new roles 5 year workforce plan E-rostering Nurse staffing review Process for managing staff shortages which may impact on patient care Temporary staffing department Over-establishment of junior doctor posts	Workforce component of Integrated Performance Report (monthly) Progress with the clinical service review with support from CCG / TDA Operational Risk Group E-rostering system Site safety reports (daily) Workforce Risk report completed Nurses and Drs overseas recruitment Enhanced medical staffing (middle grade drs) to cover gaps Business continuity plan for ED Medical staff busines case approved	RED =	Gaps in Controls • Potential interim/transitional solutions to mitigate service sustainability relating to A&E staffing carry significant alternative risks in terms of capacity management and operational efficiency Gaps in Assurance/ Negative Assurance • Timeccales for achieving the outcome of Future Fit and service reconfiguration require maintenance of current service reconfiguration for at least 5 years. • Full implementation of nurse staffing templates geared to nurse recruitment	Medical Director

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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
Principal Objective: PERFORMANCE STANDARDS - Address the existing capacity shortfall & process issues to consistently deliver national healthcare standards								
561	Chief Operating Officer (COO) Patient Flow Systems & Processes Hospital Executive Committee (HEC)	<p>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</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • 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 	RED	<p>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 and System Resilience Group (SRG). 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</p>	<ol style="list-style-type: none"> 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; 5. Discharge project led by COO; 7. NTDA assurance visit to A&E gave some positive assurances; 8. <i>Planning process with centres regarding 7 day working (Sept 14);</i> 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) 12. Vanguard unit at PRH in place giving additional theatre capacity 12. Elective Care Intensive Support Team review (April 2014) 13. Emergency Care Intensive Support Team Review (August 2014) 14. Operational Capacity and Resilience Plan agreed for 14/15 	AMBER ↑	<p>Gaps in Control</p> <ul style="list-style-type: none"> • 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 <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not achieving admitted RTT targets but improving, <i>with plan to achieve by 1/10/14</i>(TB July 14) • Inconsistent achievement of cancer targets <i>with plan to achieve by 1/09/14</i> • Not achieving of the A&E 4 hr target <i>with plan to achieve by 1/11/14</i> • <i>Whole health economy plans and trajectory to deliver 4 hour target now agreed but Fit to Transfer problems</i> 	Chief Operating Officer
		- A&E targets - Cancer waiting times targets - RTT targets			- A&E targets - Cancer waiting times targets - RTT targets	RED ↓		
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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
Principal Objective: WORKFORCE – Develop our leaders & promote staff engagement to make our organisation a great place to work through our people strategy								
423	Workforce Director Workforce Workforce Com.	<p>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</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> • Loss of key staff • Poor experience for patients • Adverse ratings in CQC Quality Risk Profile • High sickness absence 	RED	<p>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</p>	<p>Monthly Workforce Reports Leadership Conference (Oct 14) High nomination rate for staff awards (July 14) 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) Staff survey results show improvements in staff engagement. Developments in values mean they will be embedded throughout employment life cycle (Mar 14) SaTH leadership development programme began March 2014 Friends and Family Test (Aug 14) <i>Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Dec 14)</i></p>	AMBER =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Rates of appraisal (currently 84%) <p>Gaps in Assurance/ Negative Assurance</p>	Workforce Director

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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
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.								
668	Chief Executive Officer Strategy Trust Board	If we do not have a clear clinical service vision then we may not deliver the best services to patients Potential impacts: • unsustainable unscheduled care services • Suboptimal use of scarce workforce resource • Additional costs arising from current service reconfiguration	RED	Structured programme of work to arrive at service delivery models agreed through 'Future Fit' Clinical Service Strategy Group Future Configuration of Hospital Services (FCHS) Group & Project Plan for Women and Children's move Health Economy Leaders CCore Group Urgent Care Network Board Programme Board established for 'Future Fit'. All stakeholders involved Programme Plan approved Programme resources in place	Scope and objectives of 'Future Fit' Programme 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 13 Early engagement programmes established and 'Call to Action' Conference took place in November 2013. <i>Ongoing engagement plan</i> <i>Public consultation planned for July 15</i> 'Future Fit' Programme Updates (TB Jun 14) 'Future Fit' assurance workstream in place Clinical Design & episodic care (TB Mar 14) Detailed modelling & pathway work (June 14) <i>Phase 2 work to report Sept 14</i> <i>Feasibility study on options to report Sept 14 including 'greenfield' site</i> 5 year business plan submitted to TDA in June 2014 awaiting feedback FCHS due to complete Sept 14 (TB July 14) <i>Formal benefits realisation review by March 15 of Women and Children's move</i> <i>Interim location for CAU and women's zone agreed at RSH pending 'Future Fit' outcome.</i>	AMBER RED =	Gaps in Control Gaps in Assurance • Potential for consultation start date to shift if further modelling work required • Timescales for finalising consultation and the consequent business case and approval process mean that a certain vision of future service reconfiguration will not be available until mid to late 2016	Director of Business and Enterprise

Key :	↑ Improvement	↓ Deterioration	= No change
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Trust Risk Ref	Lead Director + Category of risk + Lead Cmttee	Principal Risk and Potential Impacts	Inherent Risk	Key Controls	Planned Sources of Assurance + date received/expected	Residual Risk rating & direction of travel	Gaps in Control + assurance	Action Lead
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								
670	Finance Director Finance Finance Committee	<p>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</p> <p>Potential Impacts</p> <ul style="list-style-type: none"> • 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	<p>Capital planning process including capital aspirations list</p> <p>Business planning process</p> <p>Risk based approach to replacement of equipment</p> <p>Contingency funds</p> <p>Charitable funding</p> <p>Operational Performance Group - monthly with Care Groups</p> <p>Cost Improvement Programme (CIP) Board monthly including Quality Impact Assessment (QIA) process</p>	<p>Financial component of integrated performance report (monthly TB)</p> <p>Reports from Finance Committee which reports to TB</p> <p>Reports from Internal and External Audit QIA to TB (Sept 14)</p> <p>Financial recovery plan - Aug 14</p> <p>Reports to Exec Directors (monthly)</p>	RED ↓	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • No investment resource to modernise estate, equipment and IT • No agreed transition plan that ensures financial sustainability and addresses liquidity issues pending outcome of 'Future Fit' <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not all QIPP schemes agreed • Historic and ongoing liquidity problem • <i>Uncertainty about impact of Better Care Fund</i> 	Finance Director

Board Assurance Framework – Associated Action Plans

Paper 11 - Attachment 3

Risk Ref	Risk Title	Action plans	Committee	latest update	Lead
415	If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience	▪ Maternity Services Review and Action Plan	Trust Board	Jan-14	DNQ
		▪ Quality Governance Framework Internal Audit Review Action plan	Audit Committee	Jun-13	DNQ
		▪ Care Quality Commission action plan	Trust Board	Jan-14	DNQ
		▪ Action plan on recommendations from national inquiries	Trust Board	Jan-14	DNQ
		▪ Mock CQC Inspection Plan	Quality & Safety Committee	Mar-14	DNQ
		▪ C difficile Action Plan	Quality & Safety Committee	Feb-14	DNQ
		▪ Decontamination Action Plan	Quality & Safety Committee	Feb-14	DNQ
96	If we do not implement our falls prevention strategy then patients may suffer serious injury	▪ Falls Action plan	Trust Board	Jul & Sep-13	DNQ
		▪ Internal Audit Action/recommendations	Audit Committee Quality & Safety Committee	Dec 13	DNQ
859	Risk to sustainability of clinical services due to potential shortages of key clinical staff	▪ Future Fit Programme Execution Plan	Trust Board	Jun-14	CEO
		▪ Workforce Risk Report	Trust Board	May-14	DBE
561	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	▪ Emergency Department Remedial Action plan	Trust Board via IMR	Jan-13	COO
		▪ Transforming our Booking and Scheduling Systems	Trust Board	Jul-13	COO
		▪ IST Cancer Action Plan	Trust Board	May 14	COO
		▪ RTT Remedial Action Plan	Trust Board via IMR	July 14	COO
		▪ Performance Management Framework and Strategy	Trust Board	Jul-13	COO
		▪ Booking & Scheduling Improvement Plan	Finance Committee	Oct 13	COO
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	▪ Staff survey action plan	Trust Board		WD
		▪ Staff training Internal Audit Review action plan	Workforce Committee	Jan-14	WD
		▪ People Strategy Implementation Plan	Trust Board	Jan-14	WD
668	If we do not have a clear clinical service vision then we may not deliver the best services to patients	▪ Future Fit Programme Execution Plan	Trust Board	Jun-14	DBE
		▪ Future Configuration of Hospital Services	Trust Board	Jun-14	DBE
		▪ Clinical Services Strategy Update/Call to Action	Trust Board	Sep-13	DBE
		▪ Reconfiguration of stroke services plan	Trust Board	Feb-14	DBE
		▪ Emergency Service Contingency Plan with Commissioners	Trust Board	Oct-14	COO
670	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	▪ Financial Recovery Plan	Executive Directors	Dec-13	FD
		▪ Cost Improvement Programme	Trust Board	Mar-14	FD
		▪ Historic Due Diligence 1 Action Plan	Finance Committee	Jan-14	FD
		▪ Internal Audit - Review Action Plans	Finance Committee	Jan-14	FD
		▪ Review of current services at specialty level	Trust Board	Jun-14	COO