

Reporting to:	Trust Board – February 2015
Title	Board Assurance Framework update
Sponsoring Director	Director of Corporate Governance
Author(s)	Head of Assurance
Previously considered by	Risk Committee (Feb 15), Audit Committee (Feb 15), Trust Board (Dec 14) Operational Risk Group (Feb 15)
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. Risk 670 (finance) has been updated and a RAG for two of the main components included so that progress can be demonstrated more clearly.</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 November with some additional assurances added. 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	<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"/> If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm. <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	<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 the BAF and to consider if any additional assurances are necessary to assure the Board that the risks to the strategic objectives are being properly managed.

Key :	↑ Improvement	↓ Deterioration	= No change
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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)

If the local health and social care economy does not reduce the **Fit To Transfer (FTT)** waiting list from its current unacceptable levels then patients may suffer serious harm. (951)

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
- Cancer Waiting Times
- Referral to Treatment Times (RTT)

Trend

=	AMBER
=	AMBER
=	AMBER
=	RED
=	RED
=	RED
↑	AMBER/GREEN
↑	AMBER/GREEN
=	RED
↑	GREEN
↑	GREEN

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)

- Historic shortfall in liquidity
- Income and Expenditure

Trend

=	AMBER
=	AMBER
=	AMBER
=	AMBER
=	AMBER
↓	RED
↓	RED
↑	AMBER GREEN
=	RED

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	Green	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	<p>Director of Nursing and Quality</p> <p>Safety and Patient Experience</p> <p>Quality & Safety Committee (Q&S)</p>	<p>If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience</p> <p>Potential Impacts:</p> <ul style="list-style-type: none"> • 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	<p>CQC Compliance Framework</p> <p>Quality Improvement Strategy and centre's action plans</p> <p>Quality Governance Assurance Framework (QGAF)</p> <p>Incident reporting with Root Cause Analysis (RCA) and monitoring of actions</p> <p>Consultant revalidation</p> <p>Patient Safety visits to ward</p> <p>Patient Engagement and Improvement Panel (PEIP) work programme</p> <p>Safety Thermometer</p> <p>Embedded Early Warning System in place</p> <p>QIA process in place</p> <p>Quality dashboards</p> <p>Ward-to-Board metrics</p> <p>Care Group Governance meetings</p> <p>Revised nursing records including risk assessments for every in-patient</p> <p>Enhanced support to patients at high risk of harm - well being apprentices</p> <p>Handover guidelines</p> <p>Successful appraisal requires compliance with mandatory training</p> <p>Being Open Policy</p> <p>Complaints Process</p> <p>Quality Improvement framework for wards identified as needed improvements in quality and safety</p>	<p>Quality component of Integrated Performance Report (monthly)</p> <p>Serious Incident Board Report (monthly)</p> <p>Quality & Safety Committee which reports to Trust Board (TB) (monthly)</p> <p>Friends and Family Test (TB monthly)</p> <p>Venous ThromboEmboliism (VTE) (TB monthly)</p> <p>Mortality - within expected range (Oct 14)</p> <p>CQC Intelligent Monitoring (IMR) Report (Dec 14)</p> <p>CNST Level 3 Maternity (Mar 14)</p> <p>Internal and External patient experience surveys</p> <p>Daily site safety reports and Hospital @ Night reports</p> <p>National Inpatient Survey (TB May 14)</p> <p>CHKS Top 40 Hospital</p> <p>Consultant Revalidation Report (TB Jul 14)</p> <p>Aortic Aneurysm Screening Report (TB Oct 14)</p> <p>Endoscopy JAG accreditation (TB Oct 14)</p> <p>Safeguarding Annual Report (Q&S Oct 14)</p> <p>Clinical Governance Executive (monthly)</p> <p>Pressure Ulcer and Infection Prevention and Control annual reports</p> <p>Confirmation of 'sign-off' of clinical results (CGE Quarterly)</p> <p>Quality of Care - Good - Maternity Services</p> <p>Good - CQC rating January 2015</p>	<p>AMBER</p> <p>=</p>	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • QGAF needs further development to fully implement quality assurance • Care Group governance structures under-developed • Failure of CCGs to reduce Fit to Transfer list resulting in patients suffering harm as result of prolonged hospital stay <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Risks to recruiting adequate numbers of nurses and doctors to key areas • Compliance with Statutory and Manadatory training requirements poor • TDA Infection Control Visit (Sept 14) • Low response rate for Friends and Family Test (CQC IMR Dec 14) • Risk identified for Nephrology mortality (CQC IMR Dec 14) • 'Requires improvement' - overall rating from CQC (Jan 15) 	<p>Director of Nursing and Quality</p> <p>Medical Director</p> <p>Director of Nursing and Quality</p> <p>Medical Director</p>

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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
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 extended secondment to March 15 Education and training in new multifactorial risk assessment Improved EPS guidelines and well-being apprentices Non-clinical transfer risk assessments New patient/relatives falls and bed rails information leaflet available on intranet Fallsafe care bundle	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 Oct 14) <i>Falls prevention action plan - original action plan completed; 3 further actions identified to further embed strategy.</i> Ward Quality Dashboards (monthly) Ward-to-Board metrics (monthly) Annual review of all falls being undertaken for themes, learning and further preventative measures Falls Annual Report (Q&S Oct 14) 15% reduction in falls (TB Oct 14)	AMBER =	Gaps in Controls • Fallsafe not yet fully embedded • Failure of CCGs to reduce Fit to Transfer list resulting in increase risk of patient fall Gaps in Assurance/ Negative Assurance • Falls resulting in serious harm continue to occur	Director of Nursing and Quality

Board Assurance Framework

V9 February 2015

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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
951	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p> <p>Safety and Patient Experience</p> <p>Q&S Com.</p>	<p>If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm.</p> <p>Potential impacts:</p> <ul style="list-style-type: none"> • Hospital acquired infections • Poor experience for patients • Increased patient falls • Increased staffing needs • Increased use of escalation beds • Increased financial risks • Failure to meet national performance targets 	RED	<p>FTT list</p> <p>Whole health economy surge plan in place and monitored closely.</p> <p>Weekly discharge to assess task & finish group.</p> <p>Heads of capacity in post</p> <p>System Resilience Group meets monthly to monitor SMART action plan</p> <p>Urgent Care Working Group meetings fortnightly and monitors SMART action plan</p> <p>NHSE/TDA escalation meeting Nov 14 to increase focus on FTT</p> <p>Twice-weekly PMO meetings</p>	<p>SMART action plan to deliver 4 hour target includes FTT reduction</p> <p>FTT reduction trajectory in place and maintained weekly</p> <p>Patients on FTT list require EPS</p>	RED =	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Failure of local health and social care economy to reduce Fit to Transfer list (Jan15) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Fit to Transfer list is not being sustained. • High levels of escalation resulting in high use of agency staff • FTT not reducing to target set on a sustainable basis. 	<p>Director of Nursing and Quality</p> <p>Chief Operating Officer</p>

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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 Well-being apprentices	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 Recruiting to Challenged Areas of the Workforce (TB Oct 14) Emergency Dept workforce paper to Exec Directors (Nov 14) Nurse staffing levels reported in IPR (monthly) <i>Fortnightly ED Tipping Point meetings.</i>	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 • Absence of Nurse Staffing Policy Gaps in Assurance/ Negative Assurance • Timescales 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 • Master vendor contract • National nursing shortfall leading to recruitment delays • High levels of escalation resulting in high use of agency staff	Medical Director Director of N&Q CEO Director of N&Q

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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, monthly Care Group Confirm and Challenge sessions, and Trust Board as well as the Care Group RAP monitoring groups and System Resilience Group (SRG).</p> <p>Whole health economy surge plan in place and monitored closely. NTDA monthly IDM 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; 3. Whole health economy recovery plan for emergency access in place (SMART Plan); 4. Internal improvement plan for patient flow included in RAP; 5. Planning process with centres regarding 7 day working (Sept 14); 6. CCG plans for 'Better Care Fund' in place; 7. Intensive Support Team visits complete and action plans in place for emergency elective and cancer pathways; 8. Heads of Capacity in post (Mar 14) 9. Operational Capacity and Resilience Plan agreed for 14/15. 10. RTT for orthopaedics achieved for first time since introduced (Oct 14) 11. RTT no longer a risk on CQC IMR (Nov 14) 12. All Cancer targets achieved since November 2014. 	AMBER /GREEN↑	<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 • Increased non elective admissions is leading to cancelled operations in day surgery (Oct 14) • Failure of the local health economy and local authorities to reduce Fit to Transfer list resulting in inability to meet targets due to increasing need for escalation beds (Nov 14 and ward 21 opened (Dec 14)) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not achieving admitted RTT targets but improving, with plan to achieve by 1/10/14(TB July 14) • Not achieving of the A&E 4 hr target with plan to achieve by last week in Jan 15. Will not achieve. • Whole health economy plans and trajectory to deliver 4 hour target now agreed but reduction in Fit to Transfer list is not being sustained. • Delays in patients receiving follow up appointments due to capacity issues in some specialities 	Chief Operating Officer
		- A&E targets			- A&E targets	RED		
		- Cancer waiting times targets			- Cancer waiting times targets	GREEN↑		
		- RTT targets			- RTT targets	GREEN↑		

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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								
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 with improvements in scores compared with 2013 (Oct 14) Programme to become values driven organisation including values video, staff pledges to live the values, visualisation of the values (Oct 14)</p>	<p>AMBER</p> <p>=</p>	<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Rates of appraisal (currently 82% with Medical Staff at 85%) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Rising sickness absence to 4.54% in September (TB Oct 14) 	Workforce Director

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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>Confirm and challenge meetings 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' • Increased forecast deficit from £8.2 to £12.3m (TB Oct 14) • Failure of CCGs to reduce Fit to Transfer list resulting in increasing costs for escalation beds and increasing penalties due to failure to meet targets (Nov 14) <p>Gaps in Assurance/ Negative Assurance</p> <ul style="list-style-type: none"> • Not all QIPP schemes agreed • Historic and ongoing liquidity problem • Uncertainty about impact of Better Care Fund 	Finance Director	
			- Historic shortfall in liquidity	RED		- Historic shortfall in liquidity	AMBER / GREEN↑		
			- Income and Expenditure	RED		- Income and Expenditure	RED =		

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	Quality and Safety Committee	Jan 15	DNQ
		▪ Care Quality Commission action plan	Trust Board	Feb-15	DNQ
		▪ Action plan on recommendations from national inquiries	Trust Board	Jan-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	Sept 14	DNQ
	If CCGs do not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm.	▪ SMART action plan to deliver 4 hour target including FTT reduction			
859	Risk to sustainability of clinical services due to potential shortages of key clinical staff	▪ Future Fit Programme Execution Plan	Trust Board	Nov 14	CEO
		▪ Workforce Risk Report with extension of nurse recruitment outside Europe; Attendance at national career events	Trust Board	Oct 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	Oct 14	COO
		▪ Transforming our Booking and Scheduling Systems	Trust Board	Oct 14	COO
		▪ IST Cancer Action Plan & RTT Remedial Action Plan	Trust Board	Oct 14	COO
		▪ Chair to formally raise FTT position with CCG chairs	Trust Board	Oct 14	COO
		▪ Performance Management Framework and Strategy	Trust Board	Jul-13	COO
		▪ Data quality action plan	Finance Committee		
		▪ Booking & Scheduling Improvement Plan	Finance Committee	Oct 14	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	Workforce Committee		WD
		▪ Staff training Internal Audit Review action plan	Workforce Committee	Oct 14	WD
		▪ Junior Doctors sickness Internal Audit Action plan	Workforce Committee		
		▪ People Strategy Updated	Trust Board	Jan 15	WD

Board Assurance Framework – Associated Action Plans

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	Nov 14	DBE
		▪ Future Configuration of Hospital Services	Trust Board	Oct 14	DBE
		▪ Emergency Service Contingency Plan with Commissioners	<i>Trust Board</i>	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	Oct 14	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
		▪ Workforce Controls Internal Audit Action Plan	Finance Committee		
		▪ Review of current services at specialty level	Trust Board	Jun-14	COO